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ABSTRACT

Health education programs for older adults can be an efficient and cost-effective way to meet the challenge of a healthy old age. This directory describes 36 health education programs for the rural elderly in the areas of comprehensive programs, mental health, nutrition, physical health (including exercise), medication, safety, and health consumerism. Comprehensive programs contain a combination of components addressing at least the areas of mental health, exercise, and nutrition. Most programs were developed for rural areas, or reviewer comments suggest rural adaptations. Within the seven categories are four programs specifically developed for a minority audience and two others that offer translated versions or components. The program profiles are abbreviated descriptions of the major characteristics and components of each program. Each profile contains the date the program was developed or published; an abstract; curriculum content; setting for which the program was designed; implementation, funding, and evaluation information; reviewer comments; and source for program materials. Contains a list of program reviewers, an index by program descriptors, an index by program developers, and a list of other Center on Rural Elderly publications. (KS)

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ED 370 727

Directory of Health Education Programs for Elders

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Center on Rural Elderly
University of Missouri-Kansas City
5245 Rockhill Road
Kansas City, Missouri 64110
(816) 235-2180

UNIVERSITY OF MISSOURI-KANSAS CITY

Center on Aging Studies

Center on Rural Elderly

5245 Rockhill Road
Kansas City, MO 64110
Telephone (816) 235-2180

Dear Directory User:

Enclosed is our Directory of Health Education Programs for Elders, one of three directories of program profiles produced by our Center. At the end of this directory, you will find descriptions of our other two directories, the Directory of Education Programs for Caregivers of Elders and the Directory of Intergenerational Programming, as well as information on related Center publications you may wish to order.

The program profiles in each directory include detailed descriptive information derived from several sources. Each profile combines information from the program itself with comments from external reviewers and, when available, additional notes from the program developer(s).

Before turning to the profiles themselves, please read through the introduction and directory instructions, which immediately follow the table of contents. Reading these will help you use the directory more efficiently and appropriately.

In case you have questions about a specific program, each profile includes the name and address of a contact person.

We are pleased to be able to provide this information to assist you in making programming choices in your community and we welcome your comments and suggestions about these materials.

Best regards,

James M. Galliher, Ph.D.
Director

an equal opportunity institution

ACKNOWLEDGEMENTS

The Center on Rural Elderly wishes to thank all the persons, organizations, and agencies that have been so helpful in developing this directory. These include educational program developers and contacts, program reviewers, project consultants, and Center support and professional staff. Special recognition goes to the Center's senior secretary, JoAnn Rose, for her conscientious contribution to the design and layout of the directory. The Center is most appreciative to the University of Missouri-Kansas City and the entire University of Missouri system for the help it has provided in making this project possible.

The Center is especially indebted to the W.K. Kellogg Foundation, and to Dr. Helen Grace and Dr. Robert Hodge, for their continuous support, encouragement, and direction.

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INTRODUCTION TO PROGRAM PROFILES

The Center on Rural Elderly serves as a resource center for health and human service professionals interested in selected areas of educational programming for rural elders. Although the focus has been on rural issues, many of the Center's materials are appropriate for urban settings as well. Programs gathered by the Center provide curricular materials, guidelines, and resources to practitioners in three areas: (1) health education, (2) caregiving of physically, cognitively, and emotionally frail older adults, and (3) intergenerational relations.

Professionals specialized in the program content areas engaged in intensive program collection and follow-up efforts. A database containing comprehensive information on each program, including an abstract, is the foundation for providing written program descriptions that the Center terms "profiles". Although the emphasis has been on rural programs, rural areas often do not have financial and professional support to generate materials. External peer review attempted to identify adaptive measures for implementation in rural communities and reviewer comments are an important feature of each program profile. (Because program collection is an on-going process, a few reviews are still "in progress" and are noted this way.) An effort was also made to identify programs developed for minority populations. These programs have been incorporated into their content areas of health education, caregiving, or intergenerational relations and the minority information appears in their profiles. Although verified whenever possible by program developers, information in the profiles is subject to change without notification to the Center.

Health Education Programs for Elders

Maximizing the health and independence of elders is of increasing importance as more people live longer, but at the same time experience a health care system unable to meet their needs. Hospital closures, disproportionate poverty levels, and inadequate federal support challenge the rural health care system in particular. Health education programs for older adults can be an efficient and cost-effective way to meet the challenge of a healthy old age.

Program Collection

The programs profiled here were collected by a number of professionals through a diversity of networks. Approximately 150 programs originally identified were followed up for possible inclusion in the directory. Selection criteria for health education programs were determined by professional staff and included the following: transportable written curricular

materials; primarily educative in purpose, as opposed to direct service delivery; and currently available. Videotapes that stood alone without substantial written materials were excluded. There is diversity, however, in the type of programs included. One-day workshops; comprehensive, on-going programs; and materials piloted, but still in draft form are all represented in the directory.

NOTE: The directory user should be aware that despite our most conscientious attempts, many good programs may have been missed because of our identification and collection methods or developer non-response. Additionally, inclusion of a program in this directory does not constitute an endorsement of that program. We invite suggestions for future program inclusions from all readers.

Description of Programs

Health education programs have been divided into seven categories: ***Comprehensive, Mental Health, Nutrition, Physical Health*** *(including exercise),* ***Medication, Safety,*** and ***Consumerism.*** Comprehensive programs contain a combination of components addressing at least the three areas of mental health, exercise, and nutrition; other health issues may be included as well. Within the seven categories are four programs specifically developed for a minority audience and two others that offer translated versions or components.

Each descriptive profile contains an abstract and information extracted from program materials. Developers of the programs were given the opportunity to review and comment on the information documented. Their remarks were incorporated selectively into the profiles. Every attempt has been made to obtain the most current information.

Review Process

Each health education program was reviewed by two external professionals. The reviewers represented diversity in expertise, discipline, and geography, but expressed particular interest in rural elders. Their comments were not solicited in order to rate programs, but rather to offer constructive observations on implementation, content, applicability, and adaptability. Their remarks, based on the program materials available, were presented to the Center professional staff in writing, edited for brevity and clarity, and appear under "Reviewer Comments" toward the end of each profile. Questions to which reviewers were asked to respond are abbreviated in the profiles and presented here in their entirety.

- *Describe community features that would be important or essential to the success of this program (e.g. high volunteerism, regular senior meetings, meeting facilities, transportation services, large numbers of seniors, etc.).*

- *Describe characteristics of the target audience which would facilitate implementation of this program (e.g. literacy level, physical activity level, communication skills, etc.).*

- *What is your impression of how time intensive this program would be to plan and implement? For example:*

  - *Are all materials included or do handouts, brochures, etc. have to be gathered together?*
  - *Do volunteers have to be recruited?*
  - *Is extensive pre-program publicity necessary?*
  - *Would implementation require much program planning experience?*

- *Would a specialist or professional in the content area(s) be advisable or required in order to implement this program?*

- *What, if any, adaptations might make this program more appropriate for a rural community? For a minority community?*

- *Are program content and materials accurate, appropriate, and up-to-date? For example:*

  - *Is medical information correct?*
  - *Do materials show cultural sensitivity?*

- *Other comments or suggestions*

Using the Profiles

Ultimately, even the most comprehensive educational program must be linked to interdisciplinary community support if patterns of poor nutrition, lack of exercise, and social isolation are to be changed. Communities must know and evaluate their own needs and resources before implementing any program; adaptations are sure to be necessary. Clearly, however, no health promotion initiative or educational curriculum needs to be started from scratch. This directory can lead to ideas, contacts, and complete program materials.

It is our expectation that these profiles will provide sufficient information about each program to enable the user to make decisions about its appropriateness, feasibility, and accessibility in a particular setting. **Program materials are available through the contact person or organization cited in the profiles, not through the Center on Rural Elderly.** For further information regarding program directories, other Center publications, or technical assistance, please call or write:

Director
Center on Rural Elderly
University of Missouri-Kansas City
5245 Rockhill Road
Kansas City, Missouri 64110
(816) 235-2180

HOW TO USE PROGRAM PROFILES

A program "profile" is an abbreviated description of the major characteristics and components of a program. The profile contains an abstract, implementation and evaluation information, program developer comments, reviewer comments, and source for program materials. Although each profile contains detailed information, it does not present all the information available in the program materials.

Each program described in this directory is listed by its full name and an associated identifier under its major topic area in the table of contents. For example, **Growing Younger** is listed under Comprehensive Program Profiles with an identifier of **C2**; **Growing Wiser** is listed under the Mental Health Program Profiles with an identifier of **MH2**. Thus, a **'C'** denotes comprehensive programs, **'MH'** — mental health programs, **'N'** — nutrition programs, **'PH'**— physical health programs, **'M'** — medication programs, **'S'** — safety programs, and **'HC'** — health consumerism programs.

The program identifier is used instead of page numbers to locate a specific program and, in the indices, to identify programs associated with the specified descriptors (see Index A) and program developers (see Index B).

The following is a list of the elements found within a program profile in the order of their presentation. **Within the profiles, the phrase "none specified" is used where the information for an element was not included in the program materials, or was not provided by the developer and/or reviewer if asked.**

We suggest that you review <u>all</u> the information contained within a program profile rather than concentrating exclusively on one specific element (e.g., abstract, setting, reviewer comments). Each program is unique and cannot be evaluated adequately without reviewing <u>all</u> the information that describes it.

Name of Program:

full program name followed by acronym where applicable

Date Program was Developed:

the date appears in brackets followed by a 'd' in parentheses; e.g., [1988(d)] — developed in 1988

Date Program was Published:

the date appears in brackets followed by a 'p' in parentheses; e.g., [1989(p)] — published in 1989

Copyright Information:

copyright information appears with the above dates in brackets using these codes:

c - copyrighted materials (if blank: no copyright)
c uk - copyright unknown

e.g.,	[1989(d), 1990(p), c]	— copyrighted materials
	[1990(d)]	— no copyright
	[1988(p), c uk]	— copyright unknown

Developer:

all individuals and/or organizations known to be an author/developer of the program; in instances where both individuals and organizations are listed, they may or may not be affiliated

Program Category:

category of health education program (see Introduction, page ii)

Abstract:

a brief summary of program

Curriculum Content:

subjects covered in program curriculum

Setting:

type of setting for which program was designed (e.g., rural, urban)

Minority:
program development/modification for minority elders

IMPLEMENTATION

Suggested Skills/Credentials:
suggested skills and credentials for program personnel

Suggested Resources/Professionals:
suggested materials and personnel useful or necessary for program implementation

Collaborative Organizations:
organizations useful or necessary for program implementation

Materials and Costs:
- a detailed list of program materials and their associated costs
- information under costs is variable and specifies one of the following: no cost, the actual amount, loan, rent, included (i.e., included in cost of handbook/manual), unlisted (i.e., cost not available)
- 'total pages of materials' is the count of pages for all written materials (promotions, flyers, pamphlets, as well as manual or handbook)

- **NOTE: these listed costs are accurate as of summer, 1990; for most recent cost figures, contact source named under "Materials May Be Obtained From"**

Program Replication:
developer's wishes regarding program replication

FUNDING AND EVALUATION

Original Funding:
funding sources during program development

Type of Evaluation:
type of evaluation (if any) the program has received

Evaluation Results Available From:
source for evaluation results

Selected Developer Comments:
invited developer comments about the program

REVIEWER COMMENTS

These are the edited responses to questions used in the review of program materials (see Introduction for the specific questions, page ii-iii). These comments are grouped into the following categories:

- **community characteristics**
- **target audiences**
- **time intensity**
- **content specialist/skills**
- **rurality**
- **minority**
- **content**
- **other**

Materials May be Obtained From:

name, address, and phone number of person(s) and/or organizations to be contacted to obtain the program materials or for additional information about the program (Note: in a few cases, developer did not provide this information)

Program Descriptors:

terms used to describe the content and other relevant program information; these terms may also be used to identify programs (see Index A)

CHOOSING WELLNESS

[1988(p)]

Developer:

- Ministry of Health, Province of British Columbia
  Family Health Division

Program Category:

- Comprehensive

Abstract:

Choosing Wellness is a community health promotion program for older adults. There are two interdependent components to the program, a personal health emphasis and a process for establishing a community support system which will provide a supportive context for "aging well," i.e., healthy aging (senior citizens maintaining a positive approach to health and receiving support as they cope with chronic health conditions and critical life changes).

As such, in the Choosing Wellness program, the primary target group is not individuals, but the community.

The program manuals are organized into four parts. The first manual contains Parts I and II, the second manual parts III and IV.

Part I outlines general issues and background information, including demographic trends, societal trends, a changing vision of health and health promotion, community development, and necessary knowledge and skills for a facilitator.

Part II suggests strategies for developing a community program, such as assembling a coordinating group; raising awareness through public speaking, seniors' forums, surveys, wellness workshops, health fairs, etc.; identifying resources for self-help; developing new services and new forms of self-help such as help for caregivers, neighborhood development, volunteer linking, and mutual aid/self-help groups; obtaining administrative support; working with volunteers; recruiting strategies; orientation and training; giving recognition to volunteers; marketing healthy aging; and publicizing events.

Part III presents specific techniques and program examples, such as Health Drop-In, Telephone Support Line, Peer Counseling Program, Seniors' Column, Fun and Fitness (a regularly scheduled exercise class for reasonably healthy seniors), and Taking Charge (a health education program). Specific details are given for the organization of various program activities. Each module has a similar structure which defines the activity, lists its benefits, cites useful community linkages and specific planning, implementation, maintenance, and evaluation activities. Detailed appendices are included in the modules and provide sample agendas, forms, and program materials.

Part IV lists resources under the following categories: Wellness, Self-Help and Aging, Fitness and Relaxation, Volunteer Management and Training, and Community Development.

Also part of the program materials is the participant handbook which provides a positive approach to aging issues in keeping with the concept of aging well.

Curriculum Content:

- Self-care
- Health fair
- Stress management
- Emotional support
- Home safety
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Exercise
- Dental/oral health
- Physical changes with aging
- Hearing impairment
- Vision
- Foot care
- Peer Support
- Communication skills
- Community interaction

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Knowledge of the principles and concepts underlying the theory of healthy aging (with a focus on developing a supportive context for aging)
- Knowledge of strategies for promoting the theory of healthy aging
- Skills and abilities in community facilitation

Suggested Resources/Professionals:

- Community forum to determine needs and rally support
- Planning committee
- Sponsoring agencies
- Mental health, dental health, nutrition, fitness, or community planning professionals
- Local health care providers

Collaborative Organizations:

- Senior center
- Nursing home
- Older adult organization
- Hospital
- Religious facility
- Library
- Community organization
- Government Agency

Materials and Costs:

- Participant handbook/manual ..... Unlisted
- Facilitator/trainer/leader manual ..... Unlisted
- Sample news release(s) ..... Uulisted
- Program description ..... Unlisted
- News article ..... Unlisted
- Administrative forms ..... Unlisted
- Posters ..... Unlisted
- Sample radio announcements ..... Unlisted
- Total pages of materials (approx) 335

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- Province of British Columbia Ministry of Health

Type of Evaluation:

- Attendance count
- Participant evaluation

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- None specified

REVIEWER COMMENTS

Community Characteristics:

- High volunteerism
- Strong sense of community responsibility and spirit
- Cooperative relationships between resource agencies
- Supportive health professionals
- Socially conscious and active religious congregations and civic organizations
- Large number of older adults
- Comfortable meeting facilities
- Transportation resources (could be volunteer)

Target Audiences:

- Target is mainly the community, one that has basic needs met, is literate, and has some feeling of community pride and responsibility for its members
- Individuals who participate need to be literate, open to assertiveness training and new ideas, able to communicate and get along with others, and have a feeling of responsibility for peers

Time Intensity:

- Time intensive, with extensive volunteer recruitment, publicity, planning (including a needs survey), and ongoing implementation and evaluation
- Unless the community already has pride in developing the potential of its elderly, some means of generating enthusiasm and support will have to be explored
- Much necessary material is included in guidelines, but specific resource materials would need to be gathered for a given community

Content Specialist/Skills:

- Facilitator should have strong community leadership skills and experience in the facilitation or empowerment style of leading
- Health professionals in the various content areas would be needed for volunteer leader training, health screenings, health fairs, and speaking on health topics

Rurality:

- Very adaptable to rural communities, since it is the community itself (with strong participation by elders) that assesses, plans, and implements the program
- Transportation resources would be imperative

Minority:

- Program is naturally adaptable to needs of specific communities
- Leaders and members would have to want the program; health promotion programs cannot be successfully forced on a community, especially by those outside the minority population
- If minority population is integrated into larger community, members should be well represented on planning committees, in people pictures publicizing the program, and as leaders of the program

Content:

- Content and materials are accurate and up-to-date
- Program identifies sound strategies for starting a community health promotion effort, e.g. identifying community leaders and establishing relationships with existing agencies
- Materials are very positive, participatory, and fun to read
- It should be noted that this is a Canadian program and some resources and budget suggestions are only appropriate to Canadians

Other:

- Community empowerment is a slow and gradual process that is effort intensive. However, the results are usually more effective and longer lasting. Choosing Wellness would be such a time intensive program
- Accurate identification of problems and establishment of program protocol help to avoid costly mistakes that sabotage an otherwise good proposal. This is a well-developed program protocol, but implementation would be labor and time intensive. The best programs do take some time initially

Materials May Be Obtained From:

Hugh Millar
Seniors Health Network
#105-2182 West 12th Avenue
Vancouver, British Columbia, Canada V6K 2N4
(604) 733-2310
Fax: (604) 733-5175

Program Descriptors: aging process, alcohol, communication skills, dental care, exercise, falls, foot care, health fair, hearing, injury prevention, library, medication, needs assessment, nutrition, peer support, relaxation, safety, self-care, stress, vision, walking

GROWING YOUNGER

[1982(p), c]

Developer:

- Donald W. Kemper
- E. Judith Deneen
- James V. Giuffre
- Healthwise, Inc.
- Boise Council on Aging

Program Category:

- Comprehensive

Abstract:

Growing Younger is a program developed for older people which focuses on physical well-being. Its purpose is to help participants achieve better health and more enjoyment by encouraging good health habits and social interaction.

The core of the program is four, two-hour workshops which cover physical fitness, nutrition, stress management, and medical self-care. A strong emphasis is placed on "learn-by-doing" activities intended to build knowledge, skills, and friendships among participants.

The workshops are coordinated by two presenters who lead the activities using a team approach. Exercise, role playing, and relaxation are built into each session.

Participants receive health aids at each session. These aids are used first as a focal point for opening activities in the workshops and then as aids for the continued development of self-care skills at home. They include a high intensity penlight, a cryogel cold-hot pack, a fever thermometer, a magnifier (for reading the thermometer), sunscreen, and an exercise stretchie band.

Each participant also receives a copy of the Growing Younger Handbook for both workshop and home use. Presented in the handbook are segments on fitness, nutrition, stress management, medical self-care and personal health care management.

Other program materials include the Presenter's Guide and the Organization, Promotion, Evaluation Guide.

The Presenter's Guide includes detailed plans and scripts for the four regular sessions and one Booster Session of the workshops.

The Organization, Promotion, Evaluation Guide is presented in four sections. Section 1 offers suggestions for the organization, sponsorship, staffing, and budgeting of the Growing Younger program. Sections 2 and 3 provide a comprehensive guide for promoting the program. Newspaper articles, TV spots, recruitment letters, telephone protocol, and information session scripts are included. Section 4 suggests how to support the development of a network of Growing Younger graduates who continue the program activities through small neighborhood groups.

Curriculum Content:

- Self-care
- Stress management
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Hypertension
- Exercise
- Sexuality
- Disease risk factors
- Dental/oral health
- Physical changes with aging
- Hearing impairment
- Vision
- Foot care
- Doctor-patient communication
- Personal health records

Setting:

- Developed for any setting
- Run in rural setting
- Suggestions for rural modification are given

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Enthusiasm (Scripts are provided for workshop presentation, so little background is needed)
- Leadership skills
- Understanding of aging issues

Suggested Resources/Professionals:

- Sponsoring organization
- Easily accessible materials as listed in manuals

Collaborative Organizations:

- Cooperative Ext/4-H
- Senior center
- School system
- Older adult organization
- Hospital
- College
- University
- Religious facility
- Community organization
- Government agency

Materials and Costs:

- Participant handbook/manual $12.50
- Facilitator/trainer/leader manual $38.00
- Camera ready handouts $58.75
- VHS video tape (10 min) $82.75
- Script $38.00
- Sample news release(s) ..... Included
- Sample participant evaluation ..... Included
- Final report ..... No Cost
- Program description ..... No Cost
- Brochure/pamphlet ..... No Cost
- News article ..... No Cost
- Administrative forms ..... Included

- Sample budget/budget guidelines ..... No Cost
- Activity equipment/materials as follows:
- T-shirts $8.75
- Buttons (100/pkg.) $41.25
- Magnifier w/ logo imprint $1.07
- Exercise cassette tape $5.45
- Relaxation cassette tape $5.45
- Stretchies (25) $27.50
- Pen lights $2.20
- Cryogel hot/cold packs $4.15
- Thermometers (w/ case) $1.75
- Stethoscope $6.45
- "Included" items are in the Facilitator manual
- Special package available
- Quantity reductions available
- Total pages of materials (approx) 430

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")
- Developer wishes to train those interested in replication (See "Materials May be Obtained From")
- Training by developer is optional

FUNDING AND EVALUATION

Original Funding:

- Healthwise, Inc.
- Boise Council on Aging
- Centers for Disease Control

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Pretest/post-test
- Clinical changes determined through follow up

- Follow-up contact
- Cost effectiveness
- Biometric health status indicators

Evaluation Results Available From:

- See "Materials May be Obtained From"
- Contained Within Program Materials

Selected Developer Comments:

- Regarding the list of "Materials and Costs," the following are available only to the sponsoring agency and not to the general public: facilitator/trainer/leader manual, camera ready handouts, VHS video tape, script, sample news release(s), sample participant evaluation, administrative forms, t-shirts, buttons, magnifier with logo imprint, exercise cassette tape, relaxation cassette tape, stretchies, pen lights, cryogel hot/cold packs, thermometers, and stethoscope. A preview pack gives samples of program content for sponsors.
- Sponsorship involves a contract with Healthwise, entitling a sponsor to purchase an initial package of complete replication materials, supplies for a pilot workshop, and on-going consultation from Healthwise. A rural sponsorship to serve a population base of less than 50,000 costs $1,750. Nonrural sponsorship (more than 50,000) costs $3,500. Presenter/coordinator training is available to sponsors only; the fee is $300 per person.
- There is also a single-session version, "Healthwise II".

REVIEWER COMMENTS

Community Characteristics:

- Meeting facilities with privacy/space to exercise and interact
- Large numbers of older people
- Nucleus of seniors helpful for participation recruitment
- Support of health and business community
- Involvement of existing health promotion resource people or agencies
- Transportation services

Target Audiences:

- Able to read and write
- Comfortable with discussing and sharing information
- Ambulatory; at least able to get around in a wheelchair
- Interested in health issues

Time Intensity:

- Quite time intensive since it is a neighborhood empowerment model and will require tremendous publicity, community support, and recruitment
- Succeeding program sessions will build on the support systems initially developed
- Materials and guidelines are so explicit that program planning experience is helpful, but not necessary

Content Specialist/Skills:

- Nurse or physician as presenter would give credibility (especially if retired and a peer) and be desirable when in-depth information is requested
- Full-time coordinator needs administrative and leadership skills
- Enthusiasm for both coordinator and presenters
- Specialists may be required for specific topics in "Booster Sessions"

Rurality:

- "Neighborhood" definition may have to be broadened
- Two presenters may not be available
- Retired health professionals or program graduates could be used as presenters
- Transportation resources would be particularly essential

Minority:

- Population would need to have basic needs met to be interested in health promotion
- Neighborhood focus and peer support are very appropriate for minorities living together; integrated minorities would need to feel welcome and comfortable participating
- Materials may need to be adapted for language, cultural behaviors, foods, health practices and accessibility to health resources
- One or both presenters should be a member of the participating minority

Content:

- Medical information is current
- Health promotion strategies are very up to date: "learn by doing," build peer networks to support healthy lifestyles, train peer leaders, neighborhood focus, emphasis on self-responsibility, reinforcing "booster sessions"
- Material may be somewhat simplistic for well-informed elderly and needs to be expanded to address group's concerns; the neighborhood support focus would still be very appropriate
- Introductory activities are good to keep tempo going
- Session overview/program preparation and setup are very helpful; also task/tool/reference and time structure in script

Other:

- Target audience's concerns and knowledge should be carefully assessed

Materials May Be Obtained From:

Betty Matzek
Healthwise, Inc.
PO Box 1989
904 W. Fort Street
Boise, ID 83701
(208) 345-1161

Program Descriptors: arthritis, cardiovascular system, communication skills, dental care, exercise, foot care, hearing, hypertension, medication, nutrition, osteoporosis, relaxation, risk factors, self-care, sexuality, stress, vision

HEALTH PROMOTION PROGRAM FOR CITIZENS IN JACKSON COUNTY

[1990(p), c]

Developer:

- Mary Sutherland
- Melvin Barber
- Gregory Harris
- Area Agency on Aging for North Florida, Inc.

Program Category:

- Comprehensive

Abstract:

The Health Promotion Program for Citizens in Jackson County is a project designed to reduce health risk factors among Black adults residing in rural areas and to increase awareness of issues relevant to the general well-being of individuals in high health risk populations.

The program is built on two basic components. (1) A Health Advisory Council serves as the main steer of the program. Its primary functions are to establish itself as an on-going, advisory body; conduct needs assessments and prioritize problems; and support the implementation and evaluation of selected Health Promotion interventions in churches, through the media, and at community meeting places. (2) Churches as mediators of health promotion interventions is the second component, presented as vital to the program since, historically, churches have been instrumental in addressing community needs.

Program materials consist of teaching manuals on consumerism, nutrition/cardiovascular topics, self-discovery, alcohol and drug abuse, and exercises. These manuals are designed for use by church health leaders in conjunction with seminars.

Other resources developed to help facilitate the program in meeting its objectives include: (1) Gospelcize Video - an exercise video which combines exercises with gospel music, and (2) SINGO Game - using the concept of BINGO, but with 100 favorite church songs.

Specifically addressed in the teaching manuals are wise consumerism (supermarket savvy, buying and operating household appliances, warranties and guarantees, finding and using health care, Medicare and Medicaid, insurance, and consumer protection), self-discovery issues (family heritage, communication and active listening, interpersonal relationships, and enhancing self-worth), consequences of alcohol and drug use (health consequences, families of alcoholics and addicts, effects of tobacco, prescription and over-the-counter drugs, and implications within the community), general health issues (eating for lower cholesterol, lowering the blood pressure, exercise, weight loss, and stress management), and leadership skills (individual skills, definition of a group, types of groups, and group decision making).

Curriculum Content:

- Peer/volunteer training
- Stress management
- Emotional support
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Hypertension
- Exercise
- Disease risk factors
- Smoking cessation
- Consumer issues
- Leadership training
- Family heritage appreciation
- Communication Skills

Setting:

- Developed for rural setting
- Run in rural setting

Minority:

- Minority specific (Black)

IMPLEMENTATION

Suggested Skills/Credentials:

- None specified

Suggested Resources/Professionals:

- Participating churches
- Funding organization
- Community

Collaborative Organizations:

- Religious facility
- Community organization
- Cooperative Ext/4-H
- Senior center
- Older adult organization
- Hospital
- College
- University
- Library
- Government agency
- Health department

Materials and Costs:

- Facilitator/trainer/leader manuals ..... each - $10.00
- Camera ready handouts ..... Unlisted
- Camera ready overheads ..... Unlisted
- VHS video tape $10.00
- Brochure/pamphlet ..... No Cost
- News article ..... Unlisted
- Journal article ..... Unlisted
- Sample participant evaluation ..... Unlisted
- Total pages of materials (approx) 277

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")
- Developer wishes to train those interested in replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- Department of Health & Human Services, Office of Minority Health (Funding No. D52MP00263)
- Florida Department of Health and Rehabilitative Services
- American Heart Association

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Pretest/post-test
- Follow-up contact

Evaluation Results Available From:

- See "Materials May be Obtained From"
- Contained Within Program Materials
- Citation: Sutherland, M., Cowart, M., & Heck, C. (1989). A Rural Senior Citizens Health Promotion Demonstration Project. Health Education, 20(7), 46-50.

Selected Developer Comments:

- Educational level varies; African Americans learn better with visuals, which at first appears to be a low educational level
- This model works in other rural counties, where we have done the same thing
- Materials are intentionally simplistic to serve as motivators to other more fancy learning materials available at the county library

REVIEWER COMMENTS

Community Characteristics:

- Demographics, economic and educational levels similar to those of the target population of Jackson County
- Regular meetings, meeting site
- Transportation services
- Supportive extensions, community health resources
- Churches that see health promotion as a goal of their ministry

Target Audiences:

- Low educational level
- Congregations with a motivating interest in self-help/education, desire to accept ownership of the program

Time Intensity:

- Would require a significant amount of time and concerted effort to plan, advertise, recruit participants, and organize the many components/resources
- Building on an existing program within a senior center or church would help reduce time intensity

Content Specialist/Skills:

- Some components (e.g. consumerism, self esteem) could be implemented by a non-specialist, while other components (e.g. nutrition, alcohol use) would be enhanced by a specialist
- Community organizing skills would be necessary for fundraising, public relations, publicity
- Health professional from target church/minority is advisable as coordinator

Rurality:

- Program was developed and run in a rural setting, but is specific to Jackson County economics

Minority:

- Program was developed specifically for the Black community in Jackson County
- Literacy level adaptations would be necessary for a higher educational level community

Content:

- Information is current; Drug and Alcohol Manual is particularly "state of the art"
- Most materials, excepting modules on drug and alcohol use and nutrition, are very simplistic

Other:

- Material does not appear to be specifically designed for older adults, although it has been used from the beginning with Black elders participating
- Several components of the program were not available for review as they are currently being prepared for publication

Materials May Be Obtained From:

Mary Sutherland
Area Agency on Aging for North Florida, Inc.
2639 N. Monroe Street, Suite 145B
Tallahassee, FL 32303
(904) 488-0055

Program Descriptors: AAA, alcohol, Blacks, cardiovascular system, church, communication skills, consumerism, exercise, family dynamics, hypertension, medication, minority, needs assessment, nutrition, peer support, problem solving, religion, risk factors, rural, smoking, stress, substance abuse, training, volunteer

LIFETIME HEALTH

[1987(p), c]

Developer:

- Lincoln-Lancaster County Health Department
- Lincoln Area Agency on Aging

Program Category:

- Comprehensive

Abstract:

Lifetime Health is a program developed for all individuals, age 55 and over, who desire to examine their lifestyles and make changes which will improve health and well-being.

The program offers a low-cost health assessment which includes blood sugar, hemoglobin, urinalysis, colorectal cancer screening, stress evaluation, height and weight evaluation, blood pressure screening, assessment of fitness level, nutritional status, stress-coping skills, medication usage, and cancer risk factors. Following the assessment, participants are guided in choosing areas where beneficial lifestyle changes can be made.

To support these changes, classes in the three key areas of stress management, nutrition, and fitness are conducted. As such, the program incorporates the basic principles of self-responsibility for health behaviors and support for making and maintaining positive health choices.

The Lifetime Health Instructor's Manual contains all program materials, providing a comprehensive approach to health data collection (health assessments), health contracting (participant goal selection), and health education intervention sessions. These components are presented in four separate sections: (1) Personnel Health Monitoring (health data collection and health contracting); (2) Fitness; (3) Nutrition; and (4) Stress Management.

The manual includes suggestions for implementation, step-by-step session outlines (including classroom objectives), background narrative, reference lists, and suggested handouts.

Curriculum Content:

- Stress management
- Nutrition
- Exercise
- Disease risk factors

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills
- Knowledge of aging issues

Suggested Resources/Professionals:

- Physical fitness specialist
- Nursing professional
- Nutrition specialist
- Task force

Collaborative Organizations:

- Senior center
- Older adult organization
- Community organization

Materials and Costs:

- Facilitator/trainer/leader manual $50.00
- Camera ready handouts ..... Included
- Sample participant evaluation ..... Included
- Program description ..... Included
- Brochure/pamphlet ..... No Cost
- Administrative forms ..... Included
- Special package available
- Total pages of materials (approx) 369

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- U.S. Department of Health & Human Services, Office of Human Development Services
- Administration on Aging

Type of Evaluation:

- Attendance count
- Clinical changes determined through follow up
- Follow-up contact

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- The program is comprehensive and adaptable to all target populations and limitations

REVIEWER COMMENTS

Community Characteristics:

- Fairly well-developed service system and a central referral source
- Large numbers of professionals for contracting presentation of materials
- High level of political commitment as developing, maintaining, and administering program will not be inexpensive

Target Audiences:

- Healthy young-old or healthy old-old
- Fairly mobile and literate, comfortable interacting in small groups
- Willing to make changes to improve health
- Individualized contracts may help attract those who would not otherwise participate in formal courses

Time Intensity:

- Program will be time intensive right from the beginning and therefore will be very costly
- Will require tremendous team effort to implement, however, materials such as handouts and checklists are provided and are excellent

Content Specialist/Skills:

- Registered nurse might serve as coordinator
- Presenters need to be professionals in their respective areas of the program

Rurality:

- Those with responsibility for funding should be brought into planning process early on, e.g. county commissioners, city counselors, hospital board members
- Program could be scaled back, emphasis placed on one to two areas of instruction
- Develop individualized programs with follow-up monitoring and establish health fairs where materials of other components could be presented
- Explore alternate delivery systems, e.g. cable television or interactive television
- Utilize retired nurses, public health staff, doctors to keep costs down

Minority:

- Issues of funding and cost may be similar in a minority community as in a rural one
- Individualized contracts may work well for tailoring program to a variety of cultures and settings
- Particular attention should be given to cultural differences regarding group interaction, interpersonal communication, and touching ("reassuring touch")

Content:

- Information is accurate
- Nutrition, exercise, nursing, and stress components are well designed and appropriate for all age groups, ability levels, racial and cultural backgrounds

Other:

- "Lifetime Health" is an excellent example of what a comprehensive health promotion project should be
- Very much a geriatric evaluation clinic teaching elders to do some self evaluation
- Contracts and individualized nature of the program make it particularly suitable for rural people who are often independent and not inclined to participate in group activities
- Seniors, already inundated by health messages, will need to be approached carefully with this program and included on planning committees. Far too often they are left out of the planning process. The perceived benefits will have to be very tangible

Materials May Be Obtained From:

Deb Scherer
Lifetime Health Program Office
1005 "O" Street
Lincoln, NE 68508
(402) 471-7575

Program Descriptors: AAA, cardiovascular system, exercise, health screening, needs assessment, nutrition, relaxation, risk factors, stress

NURSING APPROACHES TO QUALITY CARE FOR THE ELDERLY: HEALTH PROMOTION WITH THE ELDERLY: A COLLECTION OF COMMUNITY EDUCATION PROGRAMS

[1988(p), c]

Developer:

- Montana State University
  College of Nursing
  Center of Gerontology
  Continuing Education for the Health Professional

Program Category:

- Comprehensive

Abstract:

Nursing Approaches to Quality Care for the Elderly: Health Promotion with the Elderly: A Collection of Community Education Programs is a collection of community education programs designed for use by nurses in rural communities who wish to provide health education to the elders of their county or town. The programs have been extracted from a series of ten modules with the goal of improving the quality of nursing care received by the elderly through enhancing the gerontological knowledge of nursing teams responsible for elder health care. The manual consists of ten, one-hour programs, each prepared for delivery to elders in a community, congregate living, or institutional setting.

Program #1, "What You Don't Know Can Hurt You" (from Module #1, *Standards for Gerontological Nursing*), discusses the patient as a partner in his/her own health care, three strategies which can be used to gain health information from one's health care provider, and how to demonstrate these questioning strategies.

Program #2, "Falling for You" (from Module #2, *Impaired Physical Mobility in the Elderly*), covers how to help someone who has fallen, how to make the bathroom a safer place, the importance of good nutrition for healthy bones, two strategies for preventing serious injury if one does fall, and assistive aids which can help prevent falls.

Program #3, "What Is and What Is Not 'Getting Old:' How to Grow Old Healthfully" (from Module #3, *Normal Aging and its Implications for Nursing*), addresses expected changes in body systems which come as one ages, symptoms and signs which are not "just getting old" symptoms, and at least one health maintenance activity in which an elder can engage for each body system.

Program #4, "Planning Ahead: Don't Let Emergency Hospitalization Confuse You" and "Making Plans for Supervision of a Frail Elder While Family Takes a Trip" (from Module #4, *Sensory-Perceptual Alterations in the Elderly*), presents the impact that emergency hospitalization (or similar events) can have upon an elder, the factors associated with emergency hospitalization that can cause confusion in an elderly person, and how to devise a plan for involving family/friends/ volunteers who will assist hospital staff to reduce the factors associated with emergency hospitalization that can cause confusion in an elder.

Program #5, "Chasing the Blues" (from Module #5, *Altered Thought Processes in the Elderly*), deals with how to distinguish fact from fiction regarding the emotional health of an older adult, how to recognize symptoms which may signal depression in an elder, how to rate own "happiness" and "unhappiness," the usefulness of listing activities that are helpful in "chasing the blues," and making plans for increasing happiness.

Program #6, "When Dependency Increases" (from Module #6, *Altered Home Maintenance Management in the Elderly*), presents strategies for finding solutions to problems which accompany increasing dependency in an elder, guidelines for making caregiving decisions and reducing stress for the caregiver, factors to consider in making housing options, and guidelines for making financial decisions.

Program #7, "Stay Younger with Good Nutrition" (from Module #7, *Altered Nutrition in the Elderly*), discusses how some diseases and disorders which become more frequent with aging can be delayed or helped with good nutrition, how to recognize the four most common dietary lacks in elders, and how to implement dietary strategies for maintaining nutritional balance.

Program #8, "Checking the Emperor's New Clothes" (from Module #8, *Impaired Skin Integrity in the Elderly*), covers age changes in the skin, three common problems which occur in aging skin, how to care for aging skin, and how and where to look for skin cancer.

Program #9, "Colorectal Health Check" (from Module #9, *Altered Elimination in the Elderly*), discusses the importance of a colorectal health check and how to arrange for a personal colorectal health check.

Program #10, "Hypoxia in the Elderly" trains the exercise leader to teach elders to be active participants in a physical conditioning program, to stress four important safety points to remember while doing the exercises, and to demonstrate a chair exercise routine with the assistance of an outline and a videotape (videotape available for ordering as indicated in program materials).

Curriculum Content:

- Stress management
- Emotional support
- Mental changes with aging
- Home safety
- Nutrition
- Exercise
- Disease risk factors
- Physical changes with aging

Setting:

- Developed for rural setting
- Run in rural setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Expertise in gerontological nursing

Suggested Resources/Professionals:

- Health care professionals (nursing)
- Miscellaneous materials as indicated in facilitator manual
- Audiovisual presentation materials to be ordered as indicated

Collaborative Organizations:

- Senior center
- Nursing home
- Older adult organization
- Hospital
- Government Agency

Materials and Costs:

- Facilitator/trainer/leader manual $12.00
- Camera ready handouts ..... Included
- Administrative forms ..... Included
- Total pages of materials (approx) 120

Program Replication:

- For further information regarding program content or implementation, please contact Shirley Cudney, M.A., R.N., College of Nursing, Sherrick Hall, Bozeman, MT 59717, (406) 994-3783.

FUNDING AND EVALUATION

Original Funding:

- Administration on Aging

Type of Evaluation:

- Not evaluated

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- None specified

REVIEWER COMMENTS

Community Characteristics:

- Small groups in retirement communities, senior centers
- Support for trained gerontological nurses

Target Audiences:

- Literate with good vision; high school level reading ability

Time Intensity:

- Moderately time intensive to plan; some materials need to be gathered
- Very time intensive to implement if every module is taught
- Very well detailed for the presenter
- Publicity would depend on size of audience

Content Specialist/Skills:

- Gerontological nurse would be ideal as presenter
- Definitely needs professional because of high reading level and terminology

Rurality:

- Shorten length of each module
- Use for patient education by home health or county health department
- Add music to chair exercises (Module #10)

Minority:

- Incorporate specific minority needs, e.g. calcium requirements, dietary habits
- Presenter should be member of minority community

Content:

- Medical information is accurate
- Does not address cultural differences

Materials May Be Obtained From:

Lonnie Johnson
Montana State University
318 Montana Hall
Bozeman, MT 59717
(406) 994-4930

Program Descriptors: aging process, AoA, caregiving, dementia, difficult behaviors, exercise, falls, finances, frail elderly, homesharing, hospital, incontinence, injury prevention, living arrangements, nursing home, nursing skills, nutrition, personal care, risk factors, rural, safety, sensory deprivation, stress, training, vision

PATIENT ACTIVATED CARE FOR RURAL ELDERLY

[1982(p), c]

Developer:

- Lorin R. Gaarder
- Saul Cohen
- Mountain States Health Corporation

Program Category:

- Comprehensive

Abstract:

Patient Activated Care for Rural Elderly is a self-care education program developed in response to an aging population.

Self-care refers to activities performed by individuals on behalf of their own or others' well-being. Some of the activities presented in this program (e.g., basic physical exam procedures) are performed by individuals as a substitute for traditional professional care. Some are performed to complement professional care.

Activities range from prevention, early detection, and treatment of illness to the management of chronic or post-surgical conditions.

The objective of the program is not to advocate searching outside of the traditional medical establishment for appropriate, necessary care, but to strengthen the relationship between individuals and their health care providers since a partnership, one of mutual respect, enables people to make mature contributions to their own health care.

Other goals of self-care instruction are to increase knowledge and skills with the following objectives: (1) participants will practice preventive health measures more conscientiously and with greater understanding and confidence; (2) participants will learn to recognize symptoms of common diseases; (3) participants will learn to perform simple diagnostic procedures; and (4) participants will learn to judge the need for, and appropriateness of, visits to health care professionals.

The program offers a Teaching Guide, rather than a series of lesson plans. Each of the separate sessions outlined in the guide does contain itmes found in a lesson plan -- objectives, methods, reference material -- but it is not expected that the outline be rigidly followed.

There are 13 sessions outlined in the Teaching Guide. The facilitator, with the aid of the advisory council, can modify the sessions to fit local requirements. Most facilitators and participants find ten sessions to be sufficient. An early assessment of need will aid the selection of appropriate sessions.

Issues addressed in the 13 topics include the use of self-care tools such as blood pressure cuffs, otoscopes, penlights, and thermometers; changes associated with aging; home health care exams; keeping personal records of illnesses, accidents, and surgeries; keeping a record of health professionals; keeping dental records; doctor-client relationships; Medicare supplemental insurance; medications; common illnesses and recognizing symptoms; chronic conditions such as arthritis and cancer; oral-dental care; nutrition; emergencies; home safety; exercise; exercise for relief of back pain; foot health; building communication skills; coping with stress; mental health resources; devising and maintaining a personal self-care plan; etc. Also provided in the Teaching Guide is information on how to teach, tips on conducting sessions, how to get started, a sample letter to prospective enrollees, sample news releases, a sample Interest Survey, an activities checklist, a listing of textbook resources, and a program evaluation section.

Curriculum Content:

- Self-care
- Stress management
- Home safety
- Medication interactions
- Nutrition
- Hypertension
- Exercise
- Disease risk factors
- Dental/oral health
- Physical changes with aging
- Hearing impairment
- Keeping home health records
- Physician-patient interaction (patient's rights)

Setting:

- Developed for rural setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Personal interest
- Understanding of aging issues
- Leadership and listening skills
- Educator or health professional

Suggested Resources/Professionals:

- Health care professionals
- Senior volunteer to serve as program coordinator
- Community support
- Advisory council
- Video playback equipment
- Film projector
- Overhead projector
- Blackboard or flipchart
- Transportation for participants needing it
- Additional materials to be ordered as suggested in manual

Collaborative Organizations:

- Senior center
- Nursing home
- Older adult organization
- Hospital
- Community organization
- Religious facility
- Government agency

Materials and Costs:

- Facilitator/trainer/leader manual $7.50
- Camera ready handouts ..... Included
- Sample news release(s) ..... Included
- Sample participant evaluation ..... Included
- Program description ..... Included
- Administrative forms ..... Included
- Quantity reductions available
- Total pages of materials (approx) 114

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:

- Northwest Area Foundation of St. Paul, Minnesota

Type of Evaluation:

- Self-report of attitude and behavior change
- Pretest/post-test
- Participant evaluation

Evaluation Results Available From:

- Contained Within Program Materials

Selected Developer Comments:

- Though the program was developed for a rural audience, it is useful in any setting.

REVIEWER COMMENTS

Community Characteristics:

- Advisory Council/volunteers
- Availability of guest speakers
- Meeting place with classroom/discussion style setup
- Transportation to meeting place

Target Audiences:

- Health conscious
- Able and willing to make long-term commitment (10-13 sessions)
- Able to read well and write
- Willing to learn/do non-traditional, self-care procedures

Time Intensity:

- Pre-program planning/publicity appears time intensive
- Materials and resources would be labor intensive to gather
- Bulletin board posters would require time and information resources
- Volunteer recruitment and training (including coordinator) might be necessary
- Because elderly would need to be "educated" to the value of the program, pre-program publicity needs to include personal contacts

Content Specialist/Skills:

- One health professional could teach this program or there could be an overall coordinator with senior volunteers as presenters
- Coordinator needs skills in organizing and planning and communicating with people
- Presenters need presentation/group skills
- Guest speakers on specific subjects are recommended

Rurality:

- For rural poor, discussion of rights and responsiblities when attending community clinic should be included
- Fewer guest speakers may be available
- May need to accommodate smaller enrollment
- Cost for health self-care tools should be considered

Minority:

- Make illustrations in manual relevant
- Discuss ethnic foods

Content:

- Medical and health information is current, correct, and appropriate for teaching self-care/wellness concepts
- References are from 8 to 20 years old and need updating
- Material is not culturally sensitive for minorities
- Sessions are quite varied in amount of educational information/structure provided
- Session goals and expectations are sometimes unrealistic for time allotment

Materials May Be Obtained From:

Loyd Kepferle
Mountain States Health Corporation
PO Box 6756, 1303 Fort St.
Boise, ID 83707
(208) 342-4666

Program Descriptors: aging process, arthritis, cancer, cardiovascular system, communication skills, consumerism, dental care, exercise, foot care, hearing, home health, injury prevention, medication, needs assessment, nutrition, relaxation, risk factors, rural, safety, self-care, stress, vision

PROJECT H.E.A.L.T.H.
(Helping Elders Adjust Life-Styles Toward Health)

[1988(d), 1990(p), c]

Developer:

- Northcentral Technical College
- Nicolet Area Technical College

Program Category:

- Comprehensive

Abstract:

Project H.E.A.L.T.H. (Helping Elders Adjust Life-Styles Toward Health) is a ten-week series on wellness and health promotion especially designed for adults 55 and older. Its purpose is to improve lifestyle behaviors through increased knowledge about healthy living.

Program materials include a facilitator manual, curriculum/instructor guide, and participant handbook.

The facilitator manual, "Facilitating Wellness Life-Styles," is designed to familiarize facilitators with older adult learning styles, wellness education, and promotion of healthy lifestyles. The facilitator training curriculum includes facilitator role, project personnel (staff, guest presenters, etc.); information on co-facilitation of the H.E.A.L.T.H. curriculum; curriculum materials on health and the self-healing process, ageist thinking, normal/healthy aging, and adult development/life stages; the project's core curriculum on supporting health behavior change, principles of adult learning, teaching/learning approaches, barriers to health promotion with elders, lifestyle change principles, record keeping and data collection, and a description of the Interactive/Instructional Television (ITV) component available in the project.

Also designed for use by facilitators, the Curriculum/Instructor Guide provides individual session outlines, incorporating the team approach. Two-hour sessions are conducted once each week for ten weeks. A moderator coordinates each session, providing for the facilitator an extra set of hands to serve such roles as classroom assistant, enabler and supporter to the participant, etc.

Guest presenters provide the expertise to enhance the main topics of the sessions. These topics are presented under the major headings of nutrition, physical activity, stress management, and empowerment.

The Participant Handbook provides a guide for participants in their approach to the program. Specific issues addressed include personal fitness and optimum mobility, cardiovascular endurance, weight control, proper breathing, aerobics, walking, dealing with diabetes, managing stress, tranquilizers, relaxation techniques, caffeine/alcohol/tobacco use, friendships, hearing, vision, sexuality, touching, loss and grief, nutrition, vitamin toxicity, memory and learning in later years, the artful complaint, writing letters, quackery, choosing a health care provider, working with your doctor, illegal drug use, foot care, decision making, health care financing, independent living, shared housing, rights of nursing home residents, accident prevention and home safety, and elder abuse.

Project H.E.A.L.T.H. is still in its developmental stage and though the program materials are extensive, they are currently in draft form.

Curriculum Content:

- Stress management
- Memory improvement
- Mental changes with aging
- Grief
- Fire prevention
- Home safety
- Elder abuse
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Hypertension
- Exercise
- Sexuality
- Disease risk factors
- Physical changes with aging
- Hearing impairment
- Vision
- Foot care
- Building interpersonal support
- Decision making (living will, D.P.A., etc.)
- Miscellaneous (see Program Descriptors at end of profile)

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Highly developed interpersonal skills
- Supportive attitude
- Understanding of aging issues
- Teamwork abilities
- Knowledge of health and wellness issues
- Specific training in the Project H.E.A.L.T.H. philosophy and program format
- Health promotion/education or registered nurse background

Suggested Resources/Professionals:

- Health care professionals, community resource representatives to serve as guest speakers
- Community support
- Audiovisual equipment for use in the ITV component

Collaborative Organizations:

- Senior center
- Nursing home
- Older adult organization
- Community organization
- School system
- College
- University
- Television studio and hook-up capacities for delivery of available Interactive/Instructional Television (ITV) component designed for outlying areas. Many times this is available in the local school system at various levels.

Materials and Costs:

- Participant handbook/manual ..... Unlisted
- Facilitator/trainer/leader manual ..... Unlisted
- Camera ready handouts ..... Unlisted
- Camera ready overheads ..... Unlisted
- Sample news release(s) ..... Unlisted
- Sample participant evaluation ..... Unlisted
- Program description ..... Unlisted
- Brochure/pamphlet ..... Unlisted
- Administrative forms ..... Unlisted
- Total pages of materials (approx) 390

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")
- Developer wishes to train those interested in replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- W.K. Kellogg Foundation

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Pretest/post-test
- Follow-up contact

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- Although the overall program is designed for delivery over the interactive television system (ITV), the handbook very nicely stands alone to be used by an individual as a basic health and wellness reference for older adults.
- In addition, a program/activity director may choose to hold this series in their senior center guided by the instructor's guide and utilizing local talent as presenters for the individual sessions.
- Although the materials have been developed as clearly and succinctly as possible, because of its comprehensive nature the use of this program in most circumstances will need some pre-instruction. This can be arranged by contacting the developer. Costs will be determined in the very near future.

REVIEWER COMMENTS

Community Characteristics:

- High percentage of those 55 years old and older
- Meeting facilities and transportation for ten weekly meetings
- Resource personnel
- Television studio and receiving equipment if ITV component is used

Target Audiences:

- Eighth grade reading and comprehension level
- Comfortable with group process and communication
- Self-directed
- Willing to learn how to alter lifestyles to enhance wellness
- Willing to experience interactive/instructional television

Time Intensity:

- Time intensive for planning, recruitment, publicity
- Program planning experience could determine success or failure of program
- Sponsoring agency with funding may be required to facilitate ITV
- Materials for implementation are included

Content Specialist/Skills:

- Specialists in content areas are strongly advised
- Facilitator could be a well-trained community person
- Understanding of ITV system important for facilitator

Rurality:

- Collaborate with other organizations, e.g. hospital, community college, government agency, extension services, to facilitate ITV component
- Use expert presenters rather than implementing training for leader/facilitator
- Present material on-site if ITV equipment unavailable

Minority:

- Not addressed by reviewer

Content:

- Materials are current, appropriate, and accurate
- Content is more appropriate for middle class and above, although attempts are made to include material relevant for different socio-economic and cultural groups

Materials May Be Obtained From:

Ramona Wroblewski
Northwoods Health Careers Consortium
Northcentral Technical College
1000 Campus Dr., Project H.E.A.L.T.H. Office 402L
Wausau, WI 54401-1899
(715) 675-3331

Program Descriptors: aging process, alcohol, cardiovascular system, communication skills, consumerism, decision making, dementia, elder abuse, exercise, family dynamics, finances, fire, grief, hearing, homesharing, hypertension, injury prevention, legal, living arrangements, long-term care, medication, memory, mental health, nutrition, relaxation, reminiscence, risk factors, safety, self-care, sensory deprivation, sexuality, smoking, stress, substance abuse, training, vision, walking

STAY WELL

[1984(d), 1988(p)]

Developer:

- New York City Department for the Aging

Program Category:

- Comprehensive

Abstract:

Stay Well is a disease prevention/health promotion project for older adults. The goal of the project is to establish cost-effective, ongoing health promotion activities in senior centers to enable older adults to take control of and maintain their physical and mental health.

The project includes four components: (1) the Health Education Course, (2) the Senior Volunteer Training Program, (3) Volunteer-led Activities, and (4) Adaptations and Additions.

(1) The Health Education Course is designed to be presented to 25-30 people in 12 sessions scheduled twice a week for six weeks, each session lasting 2 1/2 hours. The course addresses such issues as personal health goals, communicating with health care professionals, home safety, age-related physical and mental changes, drug interactions and medication management, hypertension, diabetes, cancer, arthritis, oral health, foot care, grief and loss, sexuality, vision and hearing impairment, and nutrition.

(2) The six-session Senior Volunteer Training Program follows the Health Education Course and teaches leadership and other skills needed to conduct walking clubs, exercise classes, and stress management groups, and to plan and coordinate Health Forums, thus "spreading the good word" and leading group activities for their peers. Training Program graduates are prepared to go back to their individual senior centers and become health activity leaders and coordinators. These volunteers are trained in basic group skills and leadership techniques and are drilled in the specific routines used for physical exercise classes and stress management sessions. Volunteer-led Activities is the component of the program provided to ensure the success of regularly scheduled volunteer activities and to maintain volunteers' enthusiasm and effectiveness.

(3) In meeting with the requirements of the Volunteer-led Activities component, the Stay Well coordinator: develops the volunteers' assignments and schedules at their individual centers in cooperation with center staff; assists in launching new classes; serves as a resource and consultant to volunteers and center staff; conducts monthly in-service meetings to sharpen skills and update volunteers; plans recognition events; and strengthens linkages with community health agencies.

(4) Component four, Adaptations and Additions to the Program, consists of mini-courses and special events initiated by Stay Well to reach an even wider population. These courses and events are designed to be presented not only at Stay Well sites, but at other senior centers, organizations, and general community sites. These activities supplement the ongoing programs established by volunteers on weekly, semi-weekly, bi-weekly or monthly schedules.

Also covered in the program manual is information on how to implement and maintain the program, role play activity scripts, homework assignments and participant handouts, teaching tips, suggested supplemental activities and adaptations, a selected bibliography of resource materials, a sample listing of participating community resources, and a coordinator recruitment script.

Curriculum Content:

- Peer/volunteer training
- Self-care
- Stress management
- Mental changes with aging
- Grief
- Fire prevention
- Home safety
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Hypertension
- Exercise
- Sexuality
- Disease risk factors
- Dental/oral health
- Physical changes with aging
- Hearing impairment
- Vision
- Foot care
- Communicating w/ health care professionals

Setting:

- Developed for urban setting

Minority:

- Minority specific version/translation (Black, Hispanic)

IMPLEMENTATION

Suggested Skills/Credentials:

- Knowledge of aging issues
- Ability to relate to older adults, to lead groups, and to communicate effectively with professionals in the community
- Administrative skills

Suggested Resources/Professionals:

- Participating senior center
- Volunteer health care professionals
- Senior volunteers for peer training component

Collaborative Organizations:

- Cooperative Ext/4-H
- Senior center
- Older adult organization
- Hospital
- College
- University
- Library
- Community organization
- Governmental agency

Materials and Costs:

- Facilitator/trainer/leader manual $10.00
- Camera ready handouts ..... Included
- Script ..... Included
- Sample participant evaluation ..... Included
- Program description ..... Included
- Administrative forms ..... Included
- Quantity reductions available
- Total pages of materials (approx) 183

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- Florence V. Burden Foundation
- Exxon Corporation
- Metropolitan Life Foundation
- Morgan Guaranty Trust Company of New York
- New York Community Trust
- Uris Brothers Foundation, Inc.
- City of New York

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Pretest/post-test
- Follow-up contact
- Participant evaluation

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- Special replication assistance is available in New York State entitled Stay Well/Statewide. Stay Well will be tested in 1991 in rural settings in New York State.

REVIEWER COMMENTS

Community Characteristics:

- Strong volunteer commitment
- Large nucleus of seniors for on-going (3rd and 4th components) activities to culminate
- Appropriate facility for "active" sessions

Target Audiences:

- Able to read and write
- Able to work well with groups
- Commitment to twice weekly 2 1/2 hour sessions
- Willing to complete homework assignments
- Exercise classes are adaptable to physical activity levels from sitting to standing to walking to jogging

Time Intensity:

- Intense, involved program that ideally would have a paid staff for recruitment, organization, and implementation
- Materials contributing to content depth must be gathered from a multitude of sources, although content outlines are provided
- Provides several ideas for on-going/follow-up programs

Content Specialist/Skills:

- Specialists from a variety of health professions are recommended for the classroom portion of the program and to teach the volunteers who lead exercise classes

Rurality:

- Program suggests only one recruitment meeting; may need to rely on senior center staff for registration in rural areas where not everyone comes in daily
- Size structure of 30 may have to be decreased to 10-20
- The large program could be packaged as several units, each offered in a shorter time span
- Large numbers of specialists may be difficult to garner; participants could be trained to teach some content areas to church groups or nutrition programs or coordinator might "lay" teach some materials
- May need to enlist a public health department or university to sponsor the program, provide access to professionals, and train volunteers

Minority:

- Content is appropriate for several cultural groups and even more so translated into Spanish

Content:

- Material is well organized and up-to-date; targets many problems and issues common to older adults
- Handouts and homework reinforce sessions, providing more effective learning

Materials May Be Obtained From:

Fran Freedman
New York City Department for the Aging
280 Broadway
New York, NY 10007
(212) 577-1757

Program Descriptors: aging process, arthritis, Blacks, cancer, dental care, exercise, falls, foot care, grief, hearing, Hispanics, home health, hypertension, injury prevention, medication, minority, nutrition, peer support, safety, self-care, senior center, sexuality, stress, training, urban, vision, volunteer, walking

STAYING HEALTHY AFTER FIFTY

[1989(p), c]

Developer:

- Zora Travis Salisbury
- Carole K. Kauffman
- Jean F. Canale
- Edna Kane-Williams
- Barbara Quaintance
- Patricia Bonifer-Tiedt
- Jeannette J. Simmons
- Ellen Roberts
- Eugene C. Nelson
- American Red Cross
- American Association of Retired Persons
- Dartmouth Institute for Better Health

Program Category:

- Comprehensive

Abstract:

The Staying Healthy After Fifty program is an educational course designed for people approaching or over age 50 who are interested in improving or maintaining a healthy lifestyle. The program's purpose is to help older adults assume more direct responsibility for maintaining and improving their own health.

The program is targeted primarily toward adults who are living independently and aims to help them remain self-reliant.

The objectives of the course address three major content areas: health concerns and emergency situations, lifestyle, and consumer planning. At the end of the course, participants should be able to (1) develop a working partnership with their physicians; (2) select a new physician when needed; (3) read an oral thermometer; (4) make their home safer; (5) assist a choking victim; (6) ask their physician and pharmacist particular questions about a prescription medication; (7) practice certain safety precautions to obtain the

desired benefits of prescription medicines; (8) learn causes, symptoms, and treatments of health problems; (9) take a resting or an exercise pulse; (10) explain what is being measured by systolic and diastolic blood pressure readings; (11) keep an ongoing record of blood pressure readings; (12) describe self-care practices for controlling high blood pressure; (13) use a self-change plan as a tool to help accomplish a goal or make a desired behavior change; (14) read package labels to evaluate the nutritional content and ingredients of products; (15) plan meals that meet daily nutritional requirements; (16) practice stress management techniques; (17) describe Medicare health insurance coverage; (18) gain access to community resources for general information and right of appeal; and (19) use cost-saving strategies when purchasing health care services.

The Staying Healthy After Fifty course consists of 10 two-hour sessions taught by trained instructors who are certified by the Red Cross.

Participants are intended to be active in the educational process and are provided with opportunities to express opinions, ask questions, and make decisions and commitments regarding their health behaviors.

The Instructor's Manual includes session preparation guides, lesson plans, a description of the characteristics of adult learners, instructor and group leader guidelines, lists of resources and audiovisual aids, and sample exercises to be used during course "fitness breaks."

The Guide for Training is used in the instructor course, covering such topics as course preparation, demonstrated sessions and fitness breaks, skill demonstrations, practice teaching, course curriculum, etc., and includes Practice-Teaching Feedback Form, Six-Month Planning Chart for Instructor Course, Instructor Candidate Competency Checklist, Daily Feedback Form, Instructor Candidate After-Course Questionnaire, Sample Letter to Instructor Candidates, Instructor Course Materials List, Release of Liability form, Instructions for Practice-Teaching Assignment, Facts on Aging Quiz, and Participant Course Evaluation.

The participant's Health Planner provides written exercises, checklists, illustrations, condensed lesson content, personal records, tips on exercise, nutrition, medication, etc., sample and personal self-change plans, stress-coping activities, Medicare and health insurance information, and a list of community resources.

The Marketing Kit contains a Marketing Guide, brochure, facts sheets, Community Implementation Guide, listing of references and resources, course certificate, and promotional poster.

Curriculum Content:

- Self-care
- Stress management
- Fire prevention
- Home safety
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Hypertension
- Exercise
- Disease risk factors
- Identifying/managing emergencies
- Selecting health care professionals
- Consumer health insurance issues
- Community resources
- Self-change

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills
- Communication skills
- Knowledge of aging and health issues

Suggested Resources/Professionals:

- Resource materials to be ordered in advance as indicated in Instructor's Manual
- Audiovisual aids available as indicated in manual
- Pharmacist
- Nutritionist

- Health insurance specialist
- Miscellaneous materials as listed in each session plan

Collaborative Organizations:

- Older adult organization
- Community organization
- American Red Cross

Materials and Costs:

- Participant handbook/manual ..... Unlisted
- Facilitator/trainer/leader manual ..... Unlisted
- Sample participant evaluation ..... Unlisted
- Program description ..... Unlisted
- Brochure/pamphlet ..... Unlisted
- Administrative forms ..... Unlisted
- Training Guide ..... Unlisted
- Marketing Kit ..... Unlisted
- Special package available
- Total pages of materials (approx) 496

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")
- Developer wishes to train those interested in replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- AARP
- W.K. Kellogg Foundation
- American Red Cross
- Dartmouth Institute for Health

Type of Evaluation:

- Participant evaluation

Evaluation Results Available From:

- Health and Safety Development Unit,
  American Red Cross National Headquarters

Selected Developer Comments:

- This program is designed for delivery through local chapters of the American Red Cross and local units of AARP; each collaborates with the other to support this local delivery.
- Cost of program materials is included in the course fee, which varies based on the cost of local delivery of the course.

REVIEWER COMMENTS

Community Characteristics:

- Active Red Cross chapter close enough to train instructors
- Active AARP and high percentage of individuals over fifty
- Convenient meeting sites accessible to transportation

Target Audiences:

- Literate at 8th grade level
- Willing to commit to 20 hours of class and modify lifestyle habits
- Physically able to participate in certain learning activities, i.e. measure blood pressure, assist a choking victim

Time Intensity:

- Time intensive to plan program and train instructors before course is offered
- Volunteers would need to be recruited if used as trainers and/or instructors
- Extensive pre-program publicity required to insure participants understand time commitment involved
- Implementation requires planning experience
- Majority of content materials are provided for both instructors and participants

Content Specialist/Skills:

- Specialists and medical professionals required for content presentation

Rurality:

- To help keep costs down, expand collaboration of Red Cross and AARP to include aging associations, county extension, or community colleges
- Several Red Cross chapters might plan and implement the program at a central site or multiple sites
- Change time frame to better suit transportation needs of community

Minority:

- Recruit from the target population
- Look to community collaborations and use of volunteers to help keep costs down

Content:

- Material is current, accurate, and informative
- Content covers a limited number of health care issues
- Length of program is a concern, i.e. ten, two-hour sessions is fairly extensive
- Non-specific to any cultural group, but would need modifications to address specific needs

Materials May Be Obtained From:

Local chapters of the American Red Cross

Program Descriptors: AARP, alcohol, communication skills, consumerism, exercise, falls, fire, hypertension, injury prevention, medication, mental health, nutrition, pharmacist, relaxation, safety, self-care, stress, training

GATEKEEPER TRAINING

[1986(p), c]

Developer:

- Theresa Lawlor McDonald
- Kitty Buckwalter
- Marianne Smith
- Mary Stewart-Dedmon
- Helen Van Hoozer
- Community Mental Health Center of Linn County
- The University of Iowa
  College of Nursing

Program Category:

- Mental health

Abstract:

Gatekeeper Training is a component of a mental health outreach program for rural elderly. A gatekeeper is a person who can identify changes in a community member that may indicate s/he is ill or in trouble and then refer that client's name to the Community Mental Health Center.

The purposes of the 15 page Gatekeeper Training Manual I are to help gatekeepers (1) recognize early changes in the activities, behavior, habits and conversation of elderly community members that indicate mental problems; and (2) take steps to ensure that people with difficulties in mental functioning get help early in their disease. The purpose of the 33 page Gatekeeper Training Manual II is to provide a more in-depth exploration of the mental health problems that might underlie the behaviors described in Manual I.

The program training may be presented in two parts using both manuals or, as is more frequently done, may be limited to the first part using only Manual I.

Part I of the training presents an overview of the gatekeeper role, including indications for referral, follow-up and feedback, and information on how to recognize symptoms of

emotional disturbance in the elderly. It is intended to be used by nonmental health professionals (a "word-for-word" script is available), and can be taught to a variety of community members in 15-30 minutes by a trained person. A videotape called *Old Friends* can be obtained to accompany this part of the program.

Part II provides an overview of mental illnesses commonly found among the elderly, as well as definitions of terms and frequently occurring signs and symptoms. The training program, including slides, for Part II builds upon information presented in Part I. It requires at least two hours to present and is best taught by a mental health professional. Specific issues addressed in Part II are dementia, affective mood disorders such as depression and mania, comparison of dementia and depression, schizophrenic disorders, paranoid disorders, alcoholism, elder abuse, anxiety, adjustment disorders, personality disorders, and sleep disorders.

Curriculum Content:

- Emotional support
- Mental changes with aging
- Drugs (medications) and alcohol
- Mental disorders

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Knowledge of aging issues
- Compassion
- Courteousness
- Supportive and gentle approach

Suggested Resources/Professionals:

- Mental health agency
- Community civic groups, businesses, church members, etc.

Collaborative Organizations:

- Senior center
- Older adult organization
- Community organization

Materials and Costs:

- Participant handbook/manual ..... Part I - $5.00
  ..... Part II -$6.50
- Program description ..... No Cost
- VHS video tape ..... Unlisted
- Slides only - Part II Training $50.00
- Script - Part I $15.00
- Special package available
- Quantity reductions available
- Total pages of materials (approx) 48

Program Replication:

- Information not available

FUNDING AND EVALUATION

Original Funding:

- State of Iowa Department of Human Services, Division of MH/MR/DD
- Community Mental Health Center of Linn County
- Administration on Aging
- National Institute of Mental Health

Type of Evaluation:

- Content analysis and descriptive statistics regarding "appropriate" vs. "inappropriate" referrals made by community gatekeepers.

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- The Gatekeeper Training Program was just one part of the Mental Health of the Rural Elderly Outreach Project, now called the Elderly Outreach Service, at the Abbe Center for Community Mental Health (formerly the Community Mental Health Center of Linn County). Several publications and printed materials about the service are available.
- The videotape *Old Friends* may be requested from Ray Raschko, Director of Elderly Services, Spokane Community Mental Health Center, N. 5125 Market, Spokane, Washington, (509) 458-7450.

REVIEWER COMMENTS

Community Characteristics:

- Community involvement with and concern for the elderly
- Community organization to provide regular access to elders and reporting system
- Meeting space for training sessions
- Transportation services for volunteers

Target Audiences:

- Volunteers need strong interpersonal and communication skills
- High level of literacy (need to communicate with mental health professionals as well as with elderly)

Time Intensity:

- Moderately to highly time intensive
- Volunteers need to be recruited, screened, and trained by experienced professionals
- Follow-up contact and training might also be important and would increase time investment

Content Specialist/Skills:

- Professionals required for training

Rurality:

- Home visits or working through local churches might be most appropriate
- Recruit those who have daily contact with elderly, e.g. letter carriers

Minority:

- Recruit letter carriers, church leaders, families

Content:

- Content and materials are current
- Recommend adding basic information on drug use, abuse, and interactions
- Recommend shorter sentences and larger print

Materials May Be Obtained From:

Marianne Smith
Abbe Center for Community Mental Health
520 Eleventh Street, N.W.
Cedar Rapids, IA 52405
(319) 398-3562

Program Descriptors: alcohol, dementia, depression, difficult behaviors, elder abuse, mental health, outreach, rural

GROWING WISER

[1986(p), c]

Developer:

- Donald W. Kemper
- Molly Mettler
- Jim Giuffre
- Betty Matzek
- Healthwise, Inc.

Program Category:

- Mental health

Abstract:

Growing Wiser is a health promotion program for older people which focuses on mental wellness. The primary objective of the course is to replace the myths of aging with positive expectations for a healthy, active old age, thereby helping participants to feel good about themselves and feel in control of their lives.

The program is presented in four, two-hour workshops covering memory, mental alertness, coping with loss, maintaining independence, and strengthening a positive self-image. In conjunction with these topics, every session highlights and reinforces a four-step Growing Wiser Formula which is used to dispel the myths of aging and systematically build both positive expectations and realistic action plans.

A strong emphasis is placed on "learning-by-doing" activities which build knowledge, skills, and friendship among participants.

Specific issues addressed within the main topic areas include how the memory works, memory enhancement, remedies for forgetfulness, Alzheimer's Disease, medicine management, depression, self-care for the blues, irrational thinking, relaxation, mental vitality, grief, experiencing loss, helping others at a time of loss, living will, communication, assertiveness, making decisions about home, home options for consideration, special support for independent living, nurturing your network of support and dispelling ageism.

The program materials include a Presenter's Guide, an Organization, Promotion and Evaluation Guide, and a participant's handbook, "Growing Wiser." The Presenter's Guide provides detailed plans, materials lists, word-by-word session scripts, and sample handouts which provide a comprehensive description for conducting the workshops. The Organization, Promotion and Evaluation Guide tells how to plan, budget, organize, implement, and evaluate the program.

Curriculum Content:

- Self-care
- Stress management
- Emotional support
- Memory improvement
- Mental changes with aging
- Grief
- Medication interactions
- Drugs (medications) and alcohol
- Sexuality
- Depression

Setting:

- Developed for any setting
- Run in rural setting
- Suggestions for rural modification are given

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Understanding of aging issues
- Leadership and administrative skills
- Supportive approach

Suggested Resources/Professionals:

- Sponsoring organization
- Easily accessible materials as listed in manuals

Collaborative Organizations:

- Cooperative Ext/4-H
- Senior center
- School system
- Older adult organization
- Hospital
- College
- University
- Religious facility
- Community organization
- Government agency

Materials and Costs:

- Participant handbook/manual $12.50
- Facilitator/trainer/leader manual $38.00
- Camera ready handouts $58.75
- VHS video tape (hours, 9 min) $82.75
- Script $38.00
- Sample news release(s) ..... Included
- Sample participant evaluation ..... Included
- Final report ..... No Cost
- Program description ..... No Cost
- Brochure/pamphlet ..... No Cost
- News article ..... No Cost
- Administrative forms ..... Included
- Sample budget/budget guidelines ..... No Cost
- T-shirts $8.75
- Logo stickers (500/roll) $27.50
- Costume set $85.75
- Staff of Wisdom $34.75
- Laminated formula scroll $11.50
- Flip chart guide sheets $21.25
- "Included" items are in the Facilitator manual
- Special package available
- Quantity reductions available
- Total pages of materials (approx) 362

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")
- Developer wishes to train those interested in replication (See "Materials May be Obtained From")
- Training by developer is optional

FUNDING AND EVALUATION

Original Funding:

- Healthwise, Inc.
- Fred Meyer Charitable Trust

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Pretest/post-test
- Geriatric Depression Scale

Evaluation Results Available From:

- See "Materials May be Obtained From"
- Contained Within Program Materials

Selected Developer Comments:

- Regarding the list of "Materials and Costs," the following are available only to the sponsoring agency and not to the general public: facilitator/trainer/leader manual, camera ready handouts, VHS video tape, script, sample news release(s), sample participant evaluation, administrative forms, t-shirts, logo stickers, costume set, Staff of Wisdom, laminated formula scroll, and flip chart guide sheets. A preview pack gives samples of program content for sponsors.
- Sponsorship involves a contract with Healthwise, entitling a sponsor to purchase an initial package of complete replication materials, supplies for a pilot workshop, and on-going consultation from Healthwise. A rural sponsorship to serve a population base of less than 50,000 costs $1,750. Nonrural sponsorship (more than 50,000) costs $3,500. Presenter/coordinator training is available to sponsors only; fee is $300 per person.
- There is also a single-session version, "Health and Wisdom."

REVIEWER COMMENTS

Community Characteristics:

- Very self-directed community
- Could be a senior center, elderly living unit, or similar setting; no special arrangements or facilities required
- Since program is complex, covering a variety of topics, it should be presented in the same place each session
- Small group sessions might put participants more at ease with the discussion than a large audience

Target Audiences:

- Highly literate with some communication skills; motivated to change and willing to share openly
- No physical activity beyond attendance is involved

Time Intensity:

- Extensive training time for presenters because of diverse materials and skits
- Volunteers would be needed for skits
- Subject matter, "mental health," would necessitate extensive pre-program publicity

Content Specialist/Skills:

- Representative from local mental health association or ministerial alliance would provide additional support to the presentation team
- Social worker, community mental health professional or psychiatric nurse specialized in gerontology or sociology would be an excellent resource

Rurality:

- Address unique problems of rural elderly, e.g. isolation, farm maintenance and loss, inaccessibility of medical care and facilities

Minority:

- Address unique problems of rural minority elders
- Discuss "wisdom" in cultural context
- Use presenters from the minority group

Content:

- Material seems general in nature, but sensitive
- Exercises do not appear to be too abrasive
- Program contained much "pop" psychology and an inaccurate definition of psychosomatic illness

Materials May Be Obtained From:

Betty Matzek
Healthwise, Inc.
PO Box 1989
904 W. Fort Street
Boise, ID 83701
(208) 345-1161

Program Descriptors: aging process, Alzheimer's Disease, cognition, communication skills, decision making, dementia, depression, grief, homesharing, living arrangements, medication, memory, mental health, relaxation, rural, self-care, sexuality

MEMORY IMPROVEMENT PROGRAMS FOR OLDER ADULTS

[1987(p), c]

Developer:

- Janet Fogler
- Lynn Stern
- University of Michigan Medical Center
  Turner Geriatric Services

Program Category:

- Mental health

Abstract:

Memory Improvement Programs for Older Adults addresses one of the highest ranked topics of interest expressed by older adults - memory loss. One of the program's objectives is to dispel the myth that aging and memory loss go hand in hand.

The Memory Improvement training manual is divided into three sections. Section I, "Information on Memory," includes information on how the memory process works, factors that affect memory, how memory changes with age, and ways to enhance memory.

Section II, "The How-to of Offering a Memory Talk or Course," includes program objectives, a possible agenda for both a memory talk and course, the format that has proven to be most successful, suggestions on group process, and information on publicity and evaluation.

Section III, "Appendices," includes handouts and exercises for program participants.

Included in the program materials is a participant handbook, "Improving Your Memory: A Guide for Older Adults."

The format suggested in Section II of the training manual is for a three-session memory course. Time required for each session is two hours, including a ten-minute break.

Topics addressed in the memory course and handbook include how memory works; forgetting; how memory changes as people age; factors that affect memory such as not paying attention, interference/distractions, stress, depression, loss and grief, inactivity, lack of organization, fatigue, physical illness, medications, vision and hearing, alcohol, and poor nutrition; and memory improvement techniques such as association, visualization, active observation, self-instruction, environmental change, written reminders, aural reminders, review, story method, chunking, categorization, rhyming, place method, alphabet search, first letter cues, and create a word.

Curriculum Content:

- Memory improvement
- Mental changes with aging

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Understanding of aging issues
- Group process skills for the course
- Public speaking skills for the talk

Suggested Resources/Professionals:

- Pharmacist
- Stress management expert
- Nutritionist

Collaborative Organizations:

- Senior center
- Older adult organization
- Community organization

Materials and Costs:

- Participant handbook/manual $8.00
- Facilitator/trainer/leader manual $12.00
- Camera ready handouts ..... Included
- Sample participant evaluation ..... Included
- Program description ..... Included
- Brochure/pamphlet ..... No Cost
- Quantity reductions available
- Total pages of materials (approx) 118

Program Replication:

- Developer should be contacted regarding replication (See "Materials May Be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- W.K. Kellogg Foundation

Type of Evaluation:

- Self-report of attitude and behavior change
- Participant evaluation

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- The program has been successfully replicated throughout the country. It has been offered in the following types of sites: hospitals, churches, senior centers, apartment complexes, retirement homes, and adult education classes.
- Developer would be happy to advise anyone who wishes to develop this program - by phone or mail. Please give credit to materials if handouts from the facilitator manual are used. Participant handbook may not be duplicated.

REVIEWER COMMENTS

Community Characteristics:

- Established meeting place, because regular attendance is critical, with space for 15-20 participants
- Access to qualified facilitators
- Transportation services

Target Audiences:

- Reading level of 9th-12th grade
- Seniors interested in memory and memory improvement
- Those with moderate, but not severe, memory problems

Time Intensity:

- Would not require much preparation time for an experienced professional
- Publicity to recruit participants necessary
- Handouts, including evaluation, are included and only need to be duplicated

Content Specialist/Skills:

- Strong background in information processing and aging advisable
- With this kind of interactive intervention, experience is always useful; however, the materials are so well prepared, a less experienced presenter should be able to do well

Rurality:

- Substitute rural experiences in examples of moments of memory loss

Minority:

- No suggestions given

Content:

- Materials contain most recent information on information processing theory presented in appropriate language
- Recommend adding MRI and PET to possible tests for physiological causes of memory loss listed in training manual

Other:

- Suggest assessing literacy level of participants and adapting terminology in discussion

Materials May Be Obtained From:

Lynn Stern or Janet Fogler
Turner Geriatric Services
University of Michigan Medical Center
1010 Wall Street
Ann Arbor, MI 48109
(313) 764-2556

Program Descriptors: memory, mental health

PEER COUNSELOR

[1986(p), c]

Developer:

- Ann C. Strelow
- Harold Specht
- University of Minnesota
  College of Continuing Education and Extension

Program Category:

- Mental health

Abstract:

Peer Counselor is an elderly helping elderly program developed to train persons over age 55 as paraprofessional peer counselors.

Peer counselors are trained to extend the services agencies provide, working closely with the professionals who supervise them.

The program materials have been developed to enable human service professionals to develop and maintain their own peer counseling projects. The materials include a Peer Counselor Trainer Handbook and a Peer Counselor Workbook.

The trainer handbook is an annotated version of the Peer Counselor Workbook. It is divided into 10-15 class sessions with lesson plans which have a statement of purpose, a list of materials needed, agenda, and notes for trainers. A suggested syllabus for training is included; however, trainers may adapt this depending on available resources, speakers, and the agency needs. Also included in the handbook are suggestions for recruitment, selection, training and supervision of senior peer counselors and a list of references and recommended reading.

The Peer Counselor Workbook contains an introductory chapter which presents a general discussion of counseling and a set of guidelines for peer counselors. This is followed by sections organized around one or more of the losses or changes very often experienced by the elderly. Subsequent sections deal with issues such as responses to losses;

communication; and materials related to preparation for practicum (a closely supervised work experience following the classroom training during which the peer counselors start to use the knowledge and skills they have learned). The workbook also includes a list of references and recommended readings.

Curriculum Content:

- Peer/volunteer training
- Emotional support
- Mental changes with aging
- Retirement issues
- Grief
- Medication interactions
- Drugs (medications) and alcohol
- Physical changes with aging

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills
- Knowledge and understanding of aging and mental health issues

Suggested Resources/Professionals:

- Mental health and human service professionals

Collaborative Organizations:

- Senior center
- Nursing home
- Older adult organization
- Community organization

Materials and Costs:

- Participant handbook/manual $8.50
- Facilitator/trainer/leader manual $15.50
- Program description ..... Included
- Administrative forms ..... Included
- Total pages of materials (approx) 200

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- Minnesota Board on Aging
- National Institute of Mental Health

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Independent evaluation

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- None specified

REVIEWER COMMENTS

Community Characteristics:

- Community organization to implement the program
- Meeting facilities
- Volunteer pool
- Qualified professionals in gerontology and mental health
- Transportation services

Target Audiences:

- Peer counselors need 9th-12th grade reading level
- Good interpersonal and communication skills
- Sound physical and mental health (will be required to travel to clients)

Time Intensity:

- A very time intensive program
- Materials are quite adequate, but a great deal of time would be needed to identify and train volunteers

Content Specialist/Skills:

- Requires extensive training by and continuing interaction with mental health professionals/gerontological mental health specialists

Rurality:

- Peer counselors need to have an awareness of the unique perspectives and problems of the rural elderly, e.g. "moving to town" is often the equivalent of "being put in a nursing home" for people who have always lived on a farm

Minority:

- Use examples which relate to ethnic/race interest
- Peer counselors should be recruited from the minority community

Content:

- Extremely relevant and current materials
- Examples can easily be incorporated to address cultural differences

Materials May Be Obtained From:

Minnesota Peer Counselors Alumni Association
Metropolitan Senior Federation
1885 University Ave., Suite 190
St. Paul, MN 55104
(612) 642-1398

Program Descriptors: aging process, alcohol, communication skills, family dynamics, grief, mental health, peer support, retirement, substance abuse, training, volunteer

PROJECT OASIS
(OLDER ADULTS SHARING IMPORTANT SKILLS)

[1987(p), c]

Developer:

- Texas A&M University
  Department of Educational Psychology
- Texas Agricultural Extension Service
- Retired Senior Volunteer Program

Program Category:

- Mental health

Abstract:

Project OASIS is a program that trains and supervises older volunteers as paraprofessional mental health workers in nursing homes.

OASIS volunteers learn basic counseling skills and become familiar with the problems that are particular to nursing home residents. They learn to identify the different emotional needs of residents and to be effective in helping residents meet these needs.

Volunteers commit six to ten hours weekly for at least six months from the time their training ends. During that time, additional in-service training and supervision enhances their development as a mental health paraprofessional.

Pre-service training consists of four, five-hour sessions conducted at one-week intervals. Between each training session, the volunteers are given a specific nursing home assignment in order to practice the skills presented in training.

Each pre-service session teaches a counseling skill in the context of a content area relevant to the volunteer's work in the nursing home.

In-service training is conducted on a monthly basis. In-service training sessions include case management and topical presentations on additional counseling skills or problem areas in nursing homes. The in-service topics arise from needs of the volunteers, identified through

training and supervision, and the resources of knowledge and experience available to the trainers.

The case presentations provide an opportunity for volunteers to discuss their problems, their feelings, their successes, and their frustrations.

The program training manual includes volunteer recruitment suggestions, supervision techniques, training session guides, skill practice and discussion examples, post-training questionnaire, in-service topics and resources, handout masters, etc.

Sub-topic issues and activities presented in pre-service training include confidentiality, aging test, volunteer abilities checklist, oral history techniques and questions, video presentation vignettes, and observer checklists.

Curriculum Content:

- Peer/volunteer training
- Emotional support
- Mental changes with aging
- Grief
- Listening skills
- Depression
- Difficult behavior
- Dementia

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Knowledge of mental health issues
- Knowledge of aging issues

- Flexibility
- Interpersonal skills
- Understanding of the counseling process
- Confidence in the abilities of older adults
- Mental health professional (psychologist, clinical social worker, LP Counselor) involved in ongoing supervision

Suggested Resources/Professionals:

- Mental health professionals

Collaborative Organizations:

- Cooperative Ext/4-H
- Nursing home
- RSVP (Retired Senior Volunteer Program)
- Community mental health agency

Materials and Costs:

- Facilitator/trainer/leader manual $25.00
- Camera ready handouts ..... Included
- VHS video tape (30 min) ..... Unlisted
- Program description ..... Included
- Complete package, including manual, handouts, video tape (not sold separately), and program description $65.00
- Total pages of materials (approx) 128

Program Replication:

- Manual sufficient for replication; telephone consultation with developer available.

FUNDING AND EVALUATION

Original Funding:

- Hogg Foundation for Mental Health
- Nina Heard Astin Charitable Trust

Type of Evaluation:

- Clinical changes determined through follow up
- Follow-up contact

Evaluation Results Available From:

Citation: Crose, R., Duffy, M., Warren, J., & Franklin, B. (1987). Project OASIS: Volunteer Mental Health Paraprofessionals Serving Nursing Home Residents. The Gerontologist, 27(3), 359-362.

Selected Developer Comments:

- The OASIS program model goes beyond the typical "one-shot-preservice" training to provide ongoing volunteer support. The OASIS volunteers from the pilot project are in their 7th year, regularly leading groups in nursing homes and completely dedicated to the project.

REVIEWER COMMENTS

Community Characteristics:

- Good agency linkage to provide professionals and volunteers
- Large pool of volunteers from which to screen
- Transportation and meal service

Target Audiences:

- Volunteers need high literacy (some handouts use medical terminology)
- Good communication skills or motivated to develop them
- Good physical condition
- Strong commitment

Time Intensity:

- Very time intensive for planning and implementation
- Extensive recruitment and screening of volunteers
- All materials and handouts are included

Content Specialist/Skills:

- Psychologists and qualified mental health professionals mandatory for training and supervision

Rurality:

- Could only be used in rural areas if system of volunteers and professionals is available
- Supervisors from the rural community who "speak the language" would be advisable

Minority:

- As much involvement as possible at all levels of members of the minority community

Content:

- Recommend adding to symptoms of depression: sleep disturbance may be manifested also by sleeping more than usual; eating disorder may be manifested also by overeating and weight gain; examples of possible physical complaints including fatigue, aches/pains, constipation; stronger link between memory loss and depression (could not locate handout on dementia)
- Include value of preparing environment for therapeutic interaction, e.g. privacy, sensory changes of older adult, posture, and non-verbal messages of volunteer

Other:

- Recommend more input into selection of volunteers; the "volunteer ability checklist" is very good for self-evaluation, however, also useful would be written application forms for volunteers and interviews with supervisors before making a commitment

Materials May Be Obtained From:

Judith L. Warren
Texas Agricultural Extension Service
Texas A&M University
205C Special Services Bldg.
College Station, TX 77843-2251
(409) 845-1146

Program Descriptors: case management, cooperative extension, dementia, difficult behaviors, grief, mental health, nursing home, oral history, peer support, reminiscence, RSVP, training, volunteer, visiting

RANDOLPH COUNTY TELEPHONE REASSURANCE PROGRAM

Program Category:

- Mental health

Abstract:

Randolph County Telephone Reassurance Program is a program to put a volunteer caller in routine contact with a home-bound elderly or incapacitated person to check on his/her well-being. The program is targeted for elderly who are alone, the primary goal being to help satisfy the desire of older people to live independently by eliminating some of the danger of living alone.

The program provides contact through daily phone calls, often the only contact with the outside world that some recipients may experience. The program involves volunteers willing to accept the responsibility of calling an elderly person living alone in the community at a regular time each day, seven days per week. If the volunteer is unable to contact an assigned client, an emergency plan involving contact with a neighbor, relative, or local police goes into effect.

Volunteers are screened by local law enforcement agencies to insure protection of the clients. Those eligible for the service are elders who live alone and are handicapped, disabled, home-bound, or persons with other related special needs. No cost is intended for the client or volunteer.

Program materials include a program history and description, steps in developing a telephone reassurance service, examples of various types of telephone reassurance services, a volunteer caller's instruction sheet, emergency plan procedures, a sample Volunteer Caller's Information Card, a sample Client's Information Card, a copy of the Volunteer Code, a sample public relations release, a leaflet with volunteer registration form, and an information sheet on active listening and message sending. (Program materials are informal in nature with limited details.)

Curriculum Content:

- Peer/volunteer training
- Communication skills

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Communication skills
- Knowledge of aging issues and community resources

Suggested Resources/Professionals:

- Gerontologist and police department spokesperson, each to present a short talk to volunteers at orientation
- Sponsoring agency
- Corps of volunteers

Collaborative Organizations:

- Senior center
- Nursing home
- Older adult organization
- Hospital
- Religious facility
- Community organization
- Cooperative Ext/4-H
- Government agency

Materials and Costs:

- Facilitator/trainer/leader information $5.00
- Camera ready handouts ..... No Cost
- Sample news release(s) ..... No Cost
- Program description ..... No Cost
- Brochure/pamphlet ..... No Cost
- News article ..... No Cost
- Administrative forms ..... No Cost
- Total pages of materials (approx) 42

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:

- University Extension
- Moberly Regional Medical Center

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Follow-up contact

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- For successful implementation, a central organization must be willing to commit to coordinating the program from a central point, e.g. hospital social work department. The program is not formally being conducted at this time because of personnel changes at the hospital from which it was being run. Clients already in the program are informally participating. Materials contact person can answer any questions.

REVIEWER COMMENTS

Community Characteristics:

- Enthusiastic volunteerism
- Key community resource people and agencies willing to help identify potential clients
- Supportive local police department/emergency services

Target Audiences:

- Homebound elderly
- Elderly dedicated volunteers

Time Intensity:

- Most time-consuming part may be recruitment of volunteers and clients
- On-going publicity will be necessary
- Paperwork to be completed by both the homebound elder and the volunteer may take a good deal of their time

Content Specialist/Skills:

- Organizing skills
- Commitment
- Senior center staff or volunteer director of a church or civic organization might be appropriate

Rurality:

- Very suitable for small/rural communities
- Emergency plans may need more detail for rural areas where neighbors and services are far away

Minority:

- Volunteer training should include orientation to minority culture if appropriate

Content:

- Materials are up-to-date and adequate
- Information is "ageless" in concept

Other:

- Homebound needing this program may be difficult to locate because of denial or ignorance. It is a real plus to interface with community agencies in this endeavor
- From a liability standpoint, it may be questionable to give a house key to the police department for use during an emergency

Materials May Be Obtained From:

Johanna Reed Adams
University Extension - Northeast Region
2051 N. Morley
Moberly, MO 65270
(816) 263-3534

Program Descriptors: communication skills, cooperative extension, home, mental health, telephone, volunteer

SURVIVING RETIREMENT

[1989(p)]

Developer:

- Daryl L. Eberhardt
- Rutgers Cooperative Extension
  New Jersey Agricultural Experiment Station

Program Category:

- Mental health

Abstract:

Surviving Retirement is a program developed to help participants recognize common transitions and psychological adjustments which occur upon retirement. Participants also learn strategies to maximize personal satisfaction and minimize stress due to these changes.

The intended audience is pre-retirees or recent retirees and representatives of organizations which offer retirement counseling and/or programs (e.g., personnel departments).

The program format is a minimum two-hour lecture/discussion with completion of worksheets, or two, two-hour sessions which allow more discussion time. A format option is to invite a panel of retirees to share their experiences, answer questions, and stimulate discussion.

Discussion topics include psychological and social adjustments, ways to minimize friction in relationships, opportunities for new careers or further employment, and leisure activities in retirement.

The program manual provides guidelines for group discussion, teaching aids, transparencies, handouts, and a teaching outline covering the following topics: Retirement Myths Versus Reality; Feelings; Time on Your Hands?; Relationships; Work and Leisure; Reducing Stress; and Public Policy Issues.

Also included in the manual is a list of resources, evaluation materials, a sample news release, public service announcements, and a newsletter article.

Curriculum Content:

- Stress management
- Emotional support
- Retirement issues
- Public policy issues

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative/leadership skills
- Command of the materials
- Knowledge of aging issues

Suggested Resources/Professionals:

- A panel of retirees for group discussion

Collaborative Organizations:

- Cooperative Ext/4-H
- Senior center
- Older adult organization
- Community organization

Materials and Costs:

- Facilitator/trainer/leader manual $6.00
- Camera ready handouts ..... Included
- Camera ready overheads ..... Included
- Sample news release(s) ..... Included
- Sample participant evaluation ..... Included
- Sample leader evaluation ..... Included
- Program description ..... Included
- Public Service Announcements ..... Included
- Special package available
- Quantity reductions available
- Total pages of materials (approx) 90

Program Replication:

- Developer should be contacted regarding replication: Daryl L. Eberhardt, Extension Home Economist, Rutgers Cooperative Extension of Somerset County, 310 Milltown Road, Bridgewater, NJ 08807; (201) 526-6295

FUNDING AND EVALUATION

Original Funding:

- Rutgers Cooperative Extension, Rutgers University, NJ

Type of Evaluation:

- Follow-up contact
- Participant and Leader evaluations

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- None specified

REVIEWER COMMENTS

Community Characteristics:

- Access to some specialized professionals

Target Audiences:

- Upper class, white collar and professionals, retired or about to retire
- Literate with good communication skills
- Audience of pre-retirees would effect a "preventive" approach rather than a reaction to a problem
- Secondary audience would be those who run retirement programs in companies

Time Intensity:

- Minimal labor and time if presented as is; all materials are provided
- Follow-up strategies, if developed, would add to time intensity

Content Specialist/Skills:

- Facilitator should be very well grounded in all aspects of life stage known as "retirement" or should enlist the help of specialists, e.g. psychology of aging and theories of adult psychological development, sociological aspects of aging, finances, family and group dynamics
- Skills and experience in group process recommended for facilitator

Rurality:

- Break program down into longer-term effort with sessions dealing with specific issues, e.g. finances
- Address concerns of rural population, e.g. giving up the farm in agricultural areas, future of pension and health insurance policies for factory workers in manufacturing areas

Minority:

- Because of the target audience, it would appear that the program would be of somewhat limited use to many minorities whose primary working environments are not in the professional or white collar area

Content:

- Information is consistent with research on the various aspects of retirement
- Materials are all very well done and when used in the proper context would be of great benefit to the presenter(s)

Other:

- In certain applications this program would be very effective, however, it tries to do too much in too short a time
- Impact of the program might be longer-lasting if several follow-up workshops, seminars, or support groups could be developed
- People in different life situations need different types of counseling and planning; this program, if used in conjunction with an individualized component, would be more effective

Materials May Be Obtained From:

Rutgers Cooperative Extension
Publications Distribution Center
Cook College
P.O. Box 231
New Brunswick, NJ 08903
(201) 932-9762

Program Descriptors: cooperative extension, discussion group, employment, mental health, relaxation, retirement, stress

COMMUNITY HEALTH ASSESSMENT AND PROMOTION PROJECT

[1989(p), c]

Developer:

- Robert H. Curry
- Emory University School of Medicine
  Department of Community and Preventive Medicine

Program Category:

- Nutrition

Abstract:

The Community Health Assessment and Promotion Project is a community-based exercise/nutrition intervention program originally developed for black, low income populations.

The program handbook provides information on how to carry out a ten-week intervention and provides suggested resources for each session of the program.

The handbook is divided into two major sections: the first section contains background information needed to carry out the program; the second section provides the curriculum and methodology for each session.

The two-hour sessions are intended to be conducted in the order presented since understanding and properly using subsequent sections will depend on concepts, results, or worksheets presented in previous sections. Worksheets are provided throughout the handbook.

Nutrition session topics include making good nutrition a habit; the crippling quartet - salt/sugar/fat/cholesterol; losing weight sensibly; poor eating habits and how to change them; eating wisely - when to eat what; the smart shopper; menu planning - the benefits of advanced preparation; remodeling old menus/recipes; and dining out - what to look for, what to avoid.

Exercise sessions offer water exercise, walking, and fitness to music which follows a low-impact, basic aerobic format.

The program handbook includes general planning strategies such as recruiting of participants, preintervention screening protocol, and staff requirements. The handbook also provides information on types of intervention, appropriate facilities, resources/community support, participation strategies, and program incentives. Also in the handbook are recipes, a daily food diary, written exercises, nutrition charts, weekly evaluations, a convenience food eating guide, a preintervention schedule of events, a sample session schedule, a list of suggested specialty sessions, exercise tips, exercise diagrams, a sample exercise study consent form, "Medical Clearance for Exercise" article, a participant exercise questionnaire, a sample press release, an attendance record form, a participant weight record, and evaluation forms.

Curriculum Content:

- Nutrition
- Hypertension
- Exercise
- Disease risk factors
- Peer/volunteer training
- Self-care
- Emotional support

Setting:

- Developed for any setting

Minority:

- Developed for minority (Black)

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills
- Leadership skills
- Understanding of aging issues
- Background in nutrition and physical fitness

Suggested Resources/Professionals:

- Nutrition and health care professionals
- Businesses to provide incentives for program participants

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- Community organization
- Day care
- Government Agency

Materials and Costs:

- Facilitator/trainer/leader manual $100.00
- Camera ready handouts ..... Included
- Sample participant evaluation ..... Included
- Program description ..... Included
- Administrative forms ..... Included
- VHS video tapes (1 Hr. each) ..... Included
- Script ..... Included
- Sample news release(s) ..... Included
- Journal article ..... Included
- Complete package costs $100 plus postage
- Quantity reductions available
- Total pages of materials (approx) 72

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:

- Emory University School of Medicine
- Centers for Disease Control
- Kaiser Family Foundation

Type of Evaluation:

- Self-report of attitude and behavior change
- Attendance count
- Pretest/post-test
- Clinical changes determined through follow up
- Follow-up contact
- Participant evaluation

Evaluation Results Available From:

- See "Materials May be Obtained From"
- Citation: Lasco, R.A., Curry, R.H., Dickson, V.J., Powers, J., Menes, S., & Merritt, R.K. (1989). Participation Rates, Weight Loss, and Blood Pressure Changes Among Obese Women in a Nutrition-Exercise Program. Public Health Reports, 104, 640-646.

Selected Developer Comments:

- The project attempts to empower a community to accept responsibility for its health. Using an exercise-nutrition intervention, a community coalition developed and evaluated this intervention as part of its mission.

REVIEWER COMMENTS

Community Characteristics:

- Large meeting facilities
- Swimming pool for water exercise segment
- Broad base of experts
- Support and method for follow-up
- Transportation services
- Community college adult education resources for recruitment and implementation would be beneficial

Target Audiences:

- Minority under 60 with families who are willing to participate (program could be adapted to non-minority older population)

- Literate at 8th grade level
- Desire to alter life-style habits to improve health
- Able and willing to commit to 10 weeks (20 sessions)
- Overweight, but physically mobile enough to allow participation in two of three exercise options

Time Intensity:

- Time intensive for recruiting volunteer instructors and participants, collecting incentives, finding funders
- Would require extensive pre-program publicity
- Most materials are included; weekly recipes must be prepared
- Greater success would relate to a program planner with experience in organization, coordination, communication, and programming

Content Specialist/Skills:

- Specialists would definitely enhance content areas
- Recommend nutrition and exercise professionals
- If older adults are targeted, a gerontologist as presenter or consultant is advisable

Rurality:

- Provide for collaboration and coordinate scheduling to avoid conflict with other community activities
- Daytime meetings preferable for older rural adults
- May have to exclude swimming pool exercises, depending upon availability
- Fewer speakers may be available

Minority:

- Program as is targets black Atlanta community
- Recruit presenters from minority community
- Replace photographs in program materials with ones appropriate to target group

Content:

- Information and materials are accurate, appropriate for target group, and up-to-date; well designed and very usable
- Content also appears appropriate for overweight older adults with possible exception of "floor workout" exercise section
- Utilizes broad base of teaching techniques, handouts, and worksheets
- Photographs are of the targeted population

Materials May Be Obtained From:

Robert H. Curry
Emory University School of Medicine
69 Butler Street, S.E.
Atlanta, GA 30303-3219
(404) 589-3612

Program Descriptors: Blacks, cardiovascular system, exercise, hypertension, minority, nutrition, risk factors

EATING FOR YOUR HEALTH

[1984(p), c]

Developer:

- American Association of Retired Persons (AARP)

Program Category:

- Nutrition

Abstract:

Eating for Your Health is a consumer education program developed to help older consumers with their special diet needs, especially low-sodium. The program focuses on special diets and how to shop for them.

It has been designed to fit easily within a one-hour meeting format which includes an introduction, a participant (sodium) quiz, a slide presentation, introduction of resource persons, group discussion/question and answer period, and a short wrap-up.

The facilitator manual provides information on planning and implementing the program, a guide to selecting a resource person, sample confirmation and thank you letters to resource persons, a sample news release, reminders for use of slide projector and cassette tape player, an implementation checklist, the participant quiz, slide presentation script and suggested script for introducing resource panel and discussion period, sample questions for resource persons, and a listing of U.S. Food and Drug Administration Offices.

Also included in the materials is a participant workbook, "Eating for Your Health," which discusses food and nutrition labels, pricing, low sodium diets and the sodium content of common foods, low calorie diets, low fat-low cholesterol diets, high fiber, and low sugar. The workbook also provides a listing of general resources, color-coded recipes, and daily diet charts.

Curriculum Content:

- Nutrition
- Hypertension
- Disease risk factors

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative/leadership skills

Suggested Resources/Professionals:

- Resource person(s) to lead group discussion (from local public health office, Extension Service, American Diabetes Association, American Dietetic Association, American Heart Association, nutrition department of a college or university, local supermarket, FDA Consumer Affairs Office, etc.)
- 35mm carousel slide projector with remote control
- Cassette tape player

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- College
- University
- Community organization
- Library
- Religious facility
- Governmental agency

Materials and Costs:

- Facilitator/trainer/leader manual $22.00
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included
- Sample news release(s) ..... Included
- Program description ..... Included
- VHS video tape program kit $20.00
- Total pages of materials (approx) 50

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Association of Retired Persons

Type of Evaluation:

- Not evaluated

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- The program is available in slide/tape or videotape format.

REVIEWER COMMENTS

Community Characteristics:

- Community support for educational programming for the elderly
- Meeting facility appropriate for discussions
- Professionals to serve as volunteer resource persons
- Transportation services
- Regular senior meetings

Target Audiences:

- Young old, living independently
- Literate with moderate comprehension

Time Intensity:

- Easily planned and implemented in already organized areas
- For areas with few seniors' programs, time will be needed to recruit volunteers, plan for transportation, and publicize
- Basic knowledge of and experience in meeting and group work would be helpful, but planning materials provided are very comprehensive
- Some publicity is necessary, through the media, announcements at social gatherings, and word of mouth

Content Specialist/Skills:

- Facilitator could be a non-specialist
- Nutritionists/medical specialists are recommended for the resource panel

Rurality:

- Rural church could assist in planning
- Program might be adapted to teleconference or interactive television format

Minority:

- Interactive communications systems may be effective for minority communities
- Minority churches and leaders could be involved
- Represent more people of color in the slides

Content:

- Information is current and accurate
- Does not address cultural differences

Other:

- This program might be useful in a senior conference, presented two or three times during the day
- It would be particularly useful as part of a larger educational effort
- If done correctly, this type of program could help an older adult organization attract at least a few new people who might be recruited to the membership
- One-shot events generally do not have the impact that a continuing effort will have and should, ideally, be followed up with as much information as possible. In some rural areas, however, where resources are limited, even one program is better than no education at all

Materials May Be Obtained From:

AARP/AV Programs
Program Resources Department
P.O. Box 19269, Station R
Washington, DC 20036
(202) 872-4700

Program Descriptors: AARP, cardiovascular system, consumerism, hypertension, nutrition, risk factors

NUTRITION EDUCATION FOR ETHNIC/MINORITY ELDERLY

[1985(p)]

Developer:

- Association of Aging Services Dietitians of New York State

Program Category:

- Nutrition

Abstract:

Nutrition Education for Ethnic/Minority Elderly is a program designed to provide essential nutritional information to those providing nutrition education services to black, Hispanic, Jewish, Asian American, and Native American elderly.

Program materials include a leader's manual, nutritional handouts, and sample menus. The leader's manual provides lesson plans based on educational objectives and includes chapters on how to relate the eating habits of specific ethnic/minority groups to good nutritional practices. The generic lesson plans are divided into sections on basic nutrition, the purchase and preparation of foods, food information and misinformation, and diet and disease. These generic lesson plans can be used either alone or in conjunction with specific ethnic group sections.

The manual provides detailed information on equipment needed, teaching materials, handouts, charts, and other resources. The chapters on each of the specific ethnic/minority groups show what each group needs to learn, given its dietary habits, and further provides exercises for the instructor to use in getting the new information across to the ethnic/minority older person. No specific presentation format is indicated.

Curriculum Content:

- Nutrition
- Disease risk factors

Setting:

- Developed for urban setting

Minority:

- Minority component/version (Black, Asian, Jewish, Native American, Hispanic)

IMPLEMENTATION

Suggested Skills/Credentials:

- Background in nutrition
- Leadership skills
- Command of materials
- Understanding of aging issues

Suggested Resources/Professionals:

- Ethnic/minority community organizations
- Various easily obtainable materials as indicated in manual (such as kitchen utensils, food products, etc.)

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- Religious facility
- Community organization
- Government agency
- Ethnic/minority organizations

Materials and Costs:

- Facilitator/trainer/leader manual $15.00
- Camera ready handouts ..... Included
- Program description ..... Included
- Sample menus ..... Included
- Total pages of materials (approx) 218

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:

- U.S. Department of Health and Human Services, Office of Human Development Services, Administration on Aging, Region II

Type of Evaluation:

- Not evaluated

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- None specified

REVIEWER COMMENTS

Community Characteristics:

- Specific minority/ethnic population(s)
- Regular meetings if program segments are presented as a series
- Meeting facility
- Small groups (8-25) are recommended
- Transportation services

Target Audiences:

- Moderate literacy for brief handouts, menus, recipes
- Elders and other adult and young adult groups

Time Intensity:

- Handouts and lists of teaching materials to be gathered are included
- *Qualified presenter/resource person would need to be recruited*
- Some planning experience helpful for publicity, recruitment of participants and presenter

Content Specialist/Skills:

- Nutritionist or food specialist essential
- Familiarity with specific ethnic/minority content

Rurality:

- Add material on problems of shopping and food storage when shopping is done infrequently and far away
- Qualified presenters may be difficult to find

Minority:

- Materials already target specific minorities
- Consider training a member of the community to present materials

Content:

- Program content is fairly basic and not quickly outdated
- Each ethnic/minority group program is culturally specific

Materials May Be Obtained From:

Elizabeth McMath
Erie County Office on Aging
95 Franklin Street, Room 1376
Buffalo, NY 14202
(716) 858-7639

Program Descriptors: Asians, Blacks, cancer, cardiovascular system, consumerism, Hispanics, minority, Native Americans, nutrition, risk factors, urban

NUTRITION EDUCATION FOR THE ELDERLY

[1982(p)]

Developer:

- Virginia Council on Health and Medical Care

Program Category:

- Nutrition

Abstract:

The Nutrition Education for the Elderly program was developed in response to an increasing demand for nutrition education materials for older adults. The program is particularly suitable for any organization providing nutrition services to the elderly.

While most of the lessons are simple enough to be presented by volunteers, the handbook should be used in consultation with a nutrition professional.

Topics addressed in the handbook are presented in five categories: Basic Nutrition, Shopping for Food, Food Information and Misinformation, Diet and Disease, and Cooking and Eating. Each of the topics is divided into one or more lessons, covering such issues as vitamins and minerals, the importance of milk, vegetarian diets, how to buy breads and cereals, nutrition labeling, convenience foods, a dozen ways to stretch the food dollar, supermarket strategy, food stamps and shopping, how to judge a book about nutrition, fads and fallacies - popular diets, food ads, diet and heart disease, diet and diabetes, diet and arthritis, weight problems, sodium, fiber, emergency food shelf, safe food storage, meals for one or two, eating with little cooking, easy meal preparation, and snacks for older adults.

Included in each topic is a statement of purpose, suggested presentation, and information on additional resources and teaching aids.

The handbook includes appendices which provide information on techniques for teaching older adults and sources of additional resource material.

Curriculum Content:

- Nutrition
- Disease risk factors
- Physical changes with aging

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Leadership/administrative skills
- Dietary/nutrition background

Suggested Resources/Professionals:

- Nutrition professional

Collaborative Organizations:

- Nursing home
- Hospital

Materials and Costs:

- Facilitator/trainer/leader manual ..... No Cost
- Program description ..... Included
- Total pages of materials (approx) 117

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:
- The Virginia Health Council, Inc.

Type of Evaluation:
- Not evaluated

Evaluation Results Available From:
- Information not available

Selected Developer Comments:
- None specified

REVIEWER COMMENTS

Community Characteristics:
- Nutrition sites, senior centers, retirement communities

Target Audiences:
- Low-income targeted for some information
- Ambulatory, moderate to high functioning older adults
- Fairly literate, willing to participate
- Good vision and hearing if audiovisuals are used

Time Intensity:
- Time intensive if entire program is implemented
- Manual is very complete, but handouts and lessons would require preparation
- Audiovisuals are not included or absolutely necessary, but are suggested

Content Specialist/Skills:
- Professionals necessary as resource
- Volunteers, especially peers, could present program as lessons are simple

Rurality:

- Audiovisuals might be obtained through the county health department
- County health nurses might use for patient education
- Mention should be made of those vegetables and meats grown by rural participants

Minority:

- More in-depth coverage of eating habits of appropriate minority
- Presenters should be minority community members

Content:

- Materials need some updating, e.g. information on reading labels is out of date and a more sophisticated approach to watching cholesterol could be included
- Does not address cultural differences

Other:

- Program could easily be given at nutrition sites by volunteers. Because of its lengthiness, it would need to be shortened and given periodically, interspersed with other programs to keep up the interest level
- If audience lives in a controlled environment, nutritional needs are met by staff, but some of the program information would be useful

Materials May Be Obtained From:

Virginia Health Council
3312 West Cary St.
Richmond, VA 23221
(804) 358-9944

Program Descriptors: alcohol, arthritis, consumerism, nutrition, risk factors, safety

BEST FOOT FORWARD

[1988(d), 1989(p)]

Developer:

- The National Council on the Aging (NCOA)
- American Podiatric Medical Association

Program Category:

- Physical health

Abstract:

Best Foot Forward is a foot health, consumer education program developed principally for use with older adults in senior centers and other settings in which health education/health promotion programs for older adults are conducted.

The program format is flexible. There is a 20-minute slide/audio presentation followed by a discussion/question and answer period. It is highly suggested that a podiatrist serve as a discussion leader. If no podiatrist can participate in the meeting, then it is suggested that a podiatrist serve as a consultant.

The program package includes a Program Coordinator's Manual and Materials packet; an Instructor's Materials packet; and "Your Feet, An Owner's Manual," an informational booklet on foot health, to be provided to program participants.

The Coordinator's Manual provides planning and implementation steps, publicity suggestions, various evaluation procedures, ideas for expanding the program (podiatric screenings, podiatric question and answer period, on-site provision of routine podiatric services, transportation assistance, exercise program, walking program, etc.) and sample program materials (planning checklist, sample interest survey, blank flyer, sample press release, press release fact sheet, sample public service announcement, sample letter to media, spokesperson messages for use in media interviews, media interview tips, sample program evaluation form, sample participant evaluation form, and sample pre- and post-test of foot care facts). Materials accompanying the Coordinator's Manual include materials order form, State Podiatric Medical Association Contact List, and posters.

The Instructor's Materials packet includes slides, audio cassette tape, and slide/tape narrative and script.

"Your Feet, An Owner's Manual" addresses such topics as common foot problems - causes and solutions (corns and calluses, bunions, ingrown toenails, hammertoe, blisters, plantar warts, athlete's foot, foot odor, heel pain/heel spurs, neuroma, swollen feet, frostbite or chilblains, foot weakness, foot strain, foot cramps, burning feet); foot care tips (bathing, choosing socks and shoes, exercise, rest, podiatric care, etc.); your feet as a mirror of your general health (arthritis, diabetes and poor circulation, etc.); your podiatrist and you; and podiatric services and health insurance.

Curriculum Content:

- Self-care
- Exercise
- Disease risk factors
- Foot care

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills

Suggested Resources/Professionals:

- Podiatrist to serve as on-site foot health expert to answer questions
- Slide projector
- Audio cassette player
- Blackboard or flipchart and markers

Collaborative Organizations:

- Senior center
- Nursing home
- Older adult organization
- Hospital
- Community organization
- Government agency
- State Podiatric Medical Association

Materials and Costs:

- Participant handbook/manual ..... No Cost
- Facilitator/trainer/leader manual ..... Included
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included
- Sample news release(s) ..... Included
- Sample participant evaluation ..... Included
- Program description ..... Included
- Brochure/pamphlet ..... Included
- Administrative forms ..... Included
- Posters ..... Included
- Blank flyer ..... Included
- Sample Public Service Announcement ..... Included
- All materials are included in a special package and are free; there is a $15.00 shipping and handling charge
- Total pages of materials (approx) 60

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Podiatric Medical Association

Type of Evaluation:

- Attendance count
- Pretest/post-test

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- None specified

REVIEWER COMMENTS

Community Characteristics:

- Sponsoring organization, e.g. senior center, well-elderly clinic, church group
- Transportation services
- Accessible, comfortable meeting facility
- Availability of podiatrist

Target Audiences:

- Able to read at approximately high school level
- Able to write if evaluation forms are used
- Verbally interactive and willing to discuss topic
- Physically mobile enough to do own foot care

Time Intensity:

- Materials, aids and guidelines included are very complete
- Minimum planning experience required
- Publicity necessary will depend on target audience size

Content Specialist/Skills:

- Podiatrist needed to answer questions
- Facilitator should have public speaking skills

Rurality:

- No adaptations required

Minority:

- Translation as necessary

Content:

- Materials are accurate and appropriate for senior citizens

Materials May Be Obtained From:

American Podiatric Medical Association
9312 Old Georgetown Road
Bethesda, MD 20814
(301) 571-9200

Program Descriptors: arthritis, consumerism, exercise, foot care, NCOA, risk factors, self-care, senior center, walking

EXERCISES FOR THE ELDERLY

[1975(p), c]

Developer:

- David K. Leslie
- John W. McLure
- The University of Iowa
  Department of Exercise Science and Physical Education
  Division of Curriculum and Instruction

Program Category:

- Physical health

Abstract:

Exercises for the Elderly is a program consisting of organized exercise classes for the elderly in retirement homes, nursing homes, and drop-in centers.

Written materials present guidelines for the program's implementation, addressing such issues as medical concerns, facilities and equipment, leadership, and guidelines for selecting exercises. Included are diagrams and descriptions of several suggested exercises, presented within the following categories; loosening-up (warm-up); fingers and hands; wrists; elbows; elbows and shoulders; shoulders; toes, feet, and ankles; knees and hips; abdomen and hips; lower back; upper back; upper back and chest; neck; scalp and face; eyes; variations; special exercises, arrangements, and activities such as deep breathing and ball games.

The exercises included are better for muscle toning, flexibility, and movement (kinesthetic awareness) than for fitness of the heart and lungs (cardiovascular fitness). Such is the program's intent since a serious program to improve cardiovascular fitness of senior citizens would be preceded by a comprehensive medical examination and accompanied by careful medical supervision and is therefore considered beyond the scope of this program. Included in the written materials are suggestions for evaluation, a sample exercise record chart, and a participant's self-evaluation questionnaire.

Curriculum Content:
- Exercise

Setting:
- Developed for any setting

Minority:
- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:
- Enthusiasm
- Good humor
- Understanding of effects of exercise on the body
- Recognition of dangers of inappropriate exercise on individual basis
- Ability to make good judgments regarding exercises

Suggested Resources/Professionals:
- Straight-backed chairs
- Adequate space
- Music
- Nonslippery floor
- Clear walls
- Optional items such as mats, balls, wands, surgical tubing, etc.
- Advisory committee
- Medical clearance of participants by personal physician

Collaborative Organizations:
- Senior center
- Nursing home
- Community organization
- Older adult organization

Materials and Costs:

- Facilitator/trainer/leader manual $2.00
- Program description ..... Included
- Quantity reductions available
- Total pages of materials (approx) 33

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:

- Iowa Commission on the Aging

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Follow-up contact

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- Some of the exercises in the booklet have now been identified as "risky" for some people and the exercises should be screened by a person knowledgeable about the risks and the individuals participating in the program.
- (The developer refers to the program material as a program description "booklet"; it is referred to as a manual in this profile because it does contain suggestions for organization and implementation.)

REVIEWER COMMENTS

Community Characteristics:

- Any setting with appropriate physical environment
- Large elderly population
- Regular senior meetings
- Transportation services
- Active community involvement in senior programs helpful

Target Audiences:

- Alert and oriented
- Perceive a need for involvement in planned physical activities
- Could divide into one group ambulatory, one group wheelchair dependent
- Participants need regular physician; consideration of individual chronic medical conditions

Time Intensity:

- Basic program is fairly well explained
- Time needed would be for planning, advertising, recruiting participants, and "selling" the program to elders and the community
- Group leaders would need to be recruited and trained appropriately
- Experience in program planning essential

Content Specialist/Skills:

- Recreation therapist, health educator, or other person trained in exercise for elderly should organize and implement this program
- Group leaders, whether volunteer or professional, should be trained in exercise

Rurality:

- Qualified professionals may be difficult to find in rural settings
- Consider time, location, cost, community involvement
- Use music appropriate to group, especially movement songs from childhood

Minority:

- Program could be used with all minority groups
- Use music appropriate to group, especially movement songs from childhood

Content:

- Medical information is basically accurate, but needs updating
- More current research regarding exercise and elderly should be documented
- Some exercises (as noted by developer) need revision, but excellent examples of possible exercises are included
- Evaluation included is lengthy and possibly difficult for some elders to understand
- Evaluation is needed that measures progress on physical and psychosocial parameters

Materials May Be Obtained From:

David K. Leslie
Department of Exercise Science and
Physical Education
University of Iowa
Field House
Iowa City, IA 52240
(319) 335-9499

Program Descriptors: exercise

HAVE YOU HEARD?

[1982(p), c]

Developer:

- American Association of Retired Persons (AARP)

Program Category:

- Physical health

Abstract:

Have You Heard? is a consumer education program which examines the hearing changes that accompany aging and options for dealing with those changes. The program focuses on how to detect hearing problems, where to go for help, types of hearing aids, and tips on compensating communication techniques. It has been designed to fit easily within a one-hour meeting format which includes an introduction, a participant quiz, a slide presentation, introduction of resource persons, panel discussion/question and answer period, and a short wrap-up. The facilitator manual provides information on planning and implementing the program, a guide to selecting a resource person, a sample confirmation letter to resource persons, a sample news release, reminders for use of slide projector and cassette tape player, an implementation checklist, a participant quiz, a slide presentation script and suggested script for introducing resource panel and discussion period, and sample questions for resource persons.

Curriculum Content:

- Physical changes with aging
- Hearing impairment

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills

Suggested Resources/Professionals:

- Medical ear specialist, audiologist, hearing aid dispenser, etc., to participate in panel discussion
- 35mm carousel slide projector with remote control
- Cassette tape machine

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- Community organization

Materials and Costs:

- Facilitator/trainer/leader manual $17.00
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included
- Sample news release(s) ..... Included
- Program description ..... Included
- Administrative forms ..... Included
- VHS videotape program kit $20.00
- Total pages of materials (approx) 25

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- Hearing Industries Association

Type of Evaluation:

- Information not available

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- Information not available

REVIEWER COMMENTS

Community Characteristics:

- Meeting facilities for a general senior audience
- Facilities to accommodate hearing-impaired seniors, i.e. good acoustics, headphones

Target Audiences:

- Normal-hearing seniors over age sixty and those who may be experiencing some hearing loss or are already using a hearing aid for partial deafness

Time Intensity:

- Major time consuming factor may be finding a qualified presenter/resource person
- Sensitive promotion of the program would be necessary
- A civic organization's chairperson could do the planning

Content Specialist/Skills:

- Hearing specialist definitely required

Rurality:

- Develop a fact sheet of local resources, including prices for screenings and possible funding sources for purchase and repair of aids for low-income persons
- Expand program to include fraud by hearing aid "salespeople" in rural areas

Minority:

- Facilitator should have names and addresses of local or closest hearing aid resources, including possible funding sources for help with costs for low-income persons

Content:

- Material is accurate and current
- Presents realistic but positive side of obtaining a hearing aid and methods for improving hearing loss

Materials May Be Obtained From:

AARP/AV Programs
Program Resources Department
P.O. Box 19269, Station R
Washington, DC 20036
(202) 872-4700

Program Descriptors: AARP, aging process, communication skills, consumerism, hearing

PHYSICAL SENSORY CHANGES ASSOCIATED WITH AGING

[1986(p)]

Developer:

- Kenneth E. Barber
- Washington State University
  Cooperative Extension

Program Category:

- Physical health

Abstract:

Physical Sensory Changes Associated with Aging is a program designed to promote understanding of how humans age, illustrate the effects of sensory loss on how elderly persons function, and increase society's ability to create a more hospitable environment and make aging an acceptable and more pleasant experience.

The objectives of the program are (1) to gain an overview of the status of the elderly in the population; (2) to improve knowledge and understanding of the sensory systems of the body, and how they change with age; (3) to explore the consequences of sensory change on an individual's life and living conditions; (4) to experience sensory changes through selected simulation exercises; and (5) to change attitudes and feelings about aging and the aged to a more understanding and positive direction.

The program consists of a single lesson presented in approximately one and one half hours, but may go longer depending upon the number of simulations used and the time devoted to each.

Program materials include a teaching outline with subject-matter information; a second teaching aid, "Simulations of Sensory Loss With Age: Educational Considerations"; two handouts, "You Know You Are Getting Old When . . ." and "Spark in the Dark Club for the Vision Impaired"; a sample participant evaluation; and two resource publications, "Growing Older: Sensory Changes" and "Designing A Training Program for Understanding Sensory Losses in Aging."

The teaching outline addresses such issues as planning and implementation, background data on the elderly, problem areas of aging, aging as a process, and specific sensory changes associated with aging.

Curriculum Content:

- Physical changes with aging
- Hearing impairment
- Vision
- Taste
- Smell
- Touch
- Mobility

Setting:

- Information not available

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Understanding of aging issues
- Leadership skills

Suggested Resources/Professionals:

- Easily accessible materials and props for simulation exercises as indicated in program materials

Collaborative Organizations:

- Cooperative Ext/4-H
- Religious facility
- Community organization

Materials and Costs:

- Camera ready handouts ..... No Cost
- Sample participant evaluation ..... No Cost
- Program description ..... No Cost
- Teaching outline ..... No Cost
- Required reference materials ..... No Cost
- Total pages of materials (approx) 40

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- Washington State University Cooperative Extension Service

Type of Evaluation:

- Participant evaluation

Evaluation Results Available From:

- No formal results available

Selected Developer Comments:

- Those who use these materials should be familiar with and have some experience and knowledge in the use of simulation exercises.
- There is no charge for one photocopy of the materials; for multiple copies please contact the developer.

REVIEWER COMMENTS

Community Characteristics:

- Any gathering of seniors, no special facilities needed
- Small groups (under 20) or large group broken down since simulation activities are important to the program

Target Audiences:

- High literacy to understand the statistics
- Simulation activities and verbal presentation appropriate to all literacy levels

Time Intensity:

- Moderately time intensive; one person could gather handouts and simulation materials as well as teach the class
- Could also be conducted "Fair" fashion with stations for people to investigate while participating in other activities

Content Specialist/Skills:

- Gerontological nurse or person with background knowledge in gerontology recommended

Rurality:

- Tailor statistics to rural elderly
- Exercises are universal, no changes necessary

Minority:

- Tailor statistics to rural minority elders
- Some sensory changes may differ for a specific minority, e.g. skin changes in black and white elderly

Content:

- Information is current, but may change with 1990 census
- Some statistical information and terminology is very technical
- No attempt to address cultural differences
- Attempt at humor in some of the handouts perpetuates stereotyping of the elderly

Other:

- Simulation activities may be more appropriate with young-old, non-aged, or even children to develop empathy and understanding of aging
- Presentation length (one and one-half hours) may be too long

Materials May Be Obtained From:

Kenneth E. Barber
Washington State University -
Cooperative Extension Service
104 E White Hall
Pullman, WA 99164-2014
(509) 335-2918

Program Descriptors: aging process, arthritis, communication skills, cooperative extension, hearing, sensory deprivation, vision

REACHING OUT-TOUCHING YOU: WE ARE OUR BROTHER'S KEEPER

[1988(p), c]

Developer:

- Dennis A. Frate
- John Hatch
- Sidney A. Johnson
- Eddie W. Logan
- John R. Manley
- John H. Storer
- Tony L. Whitehead
- University of Mississippi
  Research Institute of Pharmaceutical Sciences

Program Category:

- Physical health

Abstract:

Reaching Out - Touching You: We Are Our Brother's Keeper is intended to aid church congregations in starting high blood pressure or hypertension control self-help networks.

The program is not intended to replace the diagnosis and treatment of high blood pressure or hypertension by a physician, but to supplement that care. It is the objective of the program to develop a cooperative effort between the church and the medical community in joining forces to combat high blood pressure. Members of a congregation are trained as "blood pressure measurement specialists" to screen, refer, follow-up, and monitor those identified as having high blood pressure, reaching and educating those individuals with the highest risk of suffering the consequences of high blood pressure.

Though the program is appropriate for any group, Blacks are targeted as a particularly high-risk population.

The program manual deals with such issues as primary candidates and causes, consequences of uncontrolled blood pressure, diagnosis and detection, treatment/therapy,

implementing a self-help network, characteristics and responsibilities of a volunteer network leader, diet and weight control issues, medication, lifestyle changes, how to measure and translate blood pressure, etc. The program manual also includes illustrations of blood pressure taking techniques; source material references; guidelines to be used by volunteer health counselors in referring individuals to a doctor for re-evaluation of their high blood pressure therapy; suggestions for audiovisual aids, pamphlets and educational literature, and posters; and sample blood pressure management record.

Curriculum Content:

- Self-care
- Emotional support
- Nutrition
- Hypertension
- Disease risk factors
- Taking blood pressure

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority
- Blacks targeted as high-risk group

IMPLEMENTATION

Suggested Skills/Credentials:

- Ability to measure blood pressure
- Knowledge in the areas of diet and weight control, hypertension medication, and relevant lifestyle changes

Suggested Resources/Professionals:

- Health professionals (initially)
- Baum Desk Model Mercury Sphygmomanometer
- Labtron Colorama Nurses Stethoscope
- Marshall Aneroid Sphygmomanometer
- (The above equipment items appear in program manual with instructions for acquisition)

Collaborative Organizations:

- Religious facility

Materials and Costs:

- Facilitator/trainer/leader manual ..... No Cost
- Camera ready handouts ..... Included
- Program description ..... Included
- Sample budget/budget guidelines ..... Included
- Total pages of materials (approx) 40

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- National Heart, Lung, and Blood Institute

Type of Evaluation:

- Attendance count

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- Utilizing community institutions is an effective means of chronic disease control.

REVIEWER COMMENTS

Community Characteristics:

- Willing congregations
- Supportive pastors, ministers, priests

Target Audiences:

- Congregations that see health screening and monitoring as a needed, desired extension of their faith ministry
- Congregations of lower income/literacy levels that may not have access to regular health care

Time Intensity:

- Program is very simple; minimal time involved
- Record system necessary, e.g. card file
- Volunteer would need to be recruited to maintain self-help network

Content Specialist/Skills:

- Nurse or paramedic might lend credibility or could serve as consultant
- Teaching materials are elaborate for how to take a blood pressure, but no "checking out" mechanism is suggested

Rurality:

- Appropriate as is
- Low literacy would require an oral rather than written quiz

Minority:

- Translation to appropriate language
- Adapt references for specific cultures, e.g. food preferences

Content:

- Medical information is current
- Health promotion information is presented in negative rather than positive ways, e.g. foods to avoid or give up rather than lists of better choices, best choices, good-tasting alternatives
- Materials do not target elderly
- Blacks identified as a high-risk group, though pictures are of Caucasians
- Materials specifically mention churches, Christianity and Jesus; do not mention those of other faiths for whom the program would otherwise be appropriate

Other:

- A health planning committee from the congregation could provide support and perhaps "nurture" the congregation into broadening its interest in health education, e.g. home blood pressure, exercise classes, weight control classes, volunteer respite, cooking for healthy hearts
- Support/continuing education network for the volunteer might be provided by a community hospital or rural health department
- Support groups and guest speakers might enhance the monitoring program

Materials May Be Obtained From:

Rural Health Research Program
The University of Mississippi
P.O. Box 283
Goodman, MS 39079
(601) 472-2322

Program Descriptors: Blacks, church, hypertension, minority, nutrition, risk factors, self-care, volunteer

THE HEALTH QUOTIENT CHALLENGE

[1984(p), c]

Developer:

- American Association of Retired Persons (AARP)

Program Category:

- Physical health

Abstract:

The Health Quotient Challenge is a consumer education program developed to help older Americans learn the fundamentals of good health. One of the primary objectives of the program is to help participants cut health care costs through achieving healthy lifestyles. The program focuses on facts about exercise, proper use of medication, the use of alcohol and tobacco, stress management, and nutrition.

It has been designed to fit easily within a single, one-hour meeting format which includes an introduction, a participant ("health quotient") quiz, a slide presentation, introduction of resource person(s), group discussion/question and answer period, and a short wrap-up.

The facilitator manual provides information on planning and implementing the program, a guide to selecting a resource person, sample confirmation and thank you letters to resource persons, a sample news release, reminders for use of slide projector and cassette tape player, an implementation checklist, the participant quiz, slide presentation script and suggested script for introducing resource panel and discussion period, sample questions for resource persons, and a listing of State Chapter Physician Assistants. Also included in the materials is a promotional poster.

Curriculum Content:

- Stress management
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Exercise
- Disease risk factors
- Smoking cessation

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative/leadership skills
- Understanding of aging issues

Suggested Resources/Professionals:

- Resource person(s) (geriatric nurse practitioner, visiting nurse, public health department representative, YMCA/YWCA staff, health educators, nutrition and medical personnel of colleges/universities, hospitals, health maintenance organizations, etc.)
- 35mm carousel slide projector with remote control
- Cassette tape player

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- College
- University
- Community organization
- Government agency

Materials and Costs:

- Facilitator/trainer/leader manual $19.00
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included

- Sample news release(s) ..... Included
- Program description ..... Included
- Poster ..... Included
- VHS video tape program kit $20.00
- Total pages of materials (approx) 26

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Association of Retired Persons

Type of Evaluation:

- Information not available

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- Information not available

REVIEWER COMMENTS

Community Characteristics:

- Sponsoring organization, e.g. senior center, well-elderly clinic, church group
- Access to resource person(s)
- Meeting facilities
- Transportation services

Target Audiences:

- Moderate reading ability and communications skills

Time Intensity:

- Minimally time intensive if done as is
- Implementation instructions are very detailed, including checklists and sample letters
- If used as part of a larger health promotion effort, more time and experience would be needed for publicity and recruitment of volunteers and resource persons

Content Specialist/Skills:

- Resource person(s) necessary to answer questions and provide more detail, ideally from several disciplines, e.g. medicine, nursing, pharmacy, dental

Rurality:

- Incorporate information about occupational health risks, e.g. farm safety

Minority:

- Facilitator and resource person need to be sensitive to community priorities and attitudes
- Incorporate information about specific health risks of the appropriate minority
- Include reference to diet and lifestyle particular to the appropriate culture

Content:

- Content is accurate, but provides superficial coverage of the topics
- Program does not address cultural differences
- Except for stress, nothing is mentioned regarding mental health needs of the elderly, specifically in the area of depression

Other:

- This program would be most successful if used as a component of a larger health education project, perhaps as an introduction to topics to be covered in greater detail later

Materials May Be Obtained From:

AARP/AV Programs
Program Resources Department
P.O. Box 19269, Station R
Washington, DC 20036
(202) 872-4700

Program Descriptors: AARP, alcohol, cancer, consumerism, exercise, medication, nutrition, risk factors, smoking, stress

THE HEART OF A HEALTHY LIFE

[1984(p), c]

Developer:

- American Association of Retired Persons (AARP)

Program Category:

- Physical health

Abstract:

The Heart of a Healthy Life is a consumer education program aimed at helping older persons reduce their personal health expenses by adopting more healthful lifestyles.

The program presents an overview of the cardiovascular system -- what it is and how it should function; describes risks that lead to cardiovascular disease; and then suggests guidelines for a healthier lifestyle to reduce the chances of cardiovascular disease.

The program consists of one, one-hour (approximately) presentation which includes an introduction given by the program leader, a participant cardiovascular health quiz, a slide presentation, introduction of the resource person, a question and answer period conducted by the resource person, and wrap-up and adjournment.

The program kit (facilitator manual) includes slides; audio cassette tape; participant handbook, "An Older Person's Guide to Cardiovascular Health"; cardiovascular health quiz; participant self-evaluation of cardiovascular risk; program leader's presentation script; slide presentation script; sample letters to resource person; sample news release; handouts; presenter's checklist; reminders for use of slide projector and tape cassette; sample questions about cardiovascular health; and specific information on planning and conducting the program.

Topics addressed in the slide presentation include hypertension, atherosclerosis, angina, heart attack, stroke, exercise, nutrition, smoking, functioning of the cardiovascular system, blood pressure, stimulants, obesity, and cholesterol.

Curriculum Content:

- Hypertension
- Disease risk factors
- Smoking cessation
- Stroke
- Atherosclerosis
- Angina
- Heart attack

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills

Suggested Resources/Professionals:

- Resource person to answer questions (cardiovascular specialist)
- 35mm slide projector with remote control
- Audio cassette tape player

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- Community organization
- American Heart Association

Materials and Costs:

- Facilitator/trainer/leader manual $23.00
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included
- Sample news release(s) ..... Included
- Program description ..... Included
- Guide to Cardiovascular Health ..... Included
- Total pages of materials (approx) 50

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Association of Retired Persons

Type of Evaluation:

- Information not available

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- Information not available

REVIEWER COMMENTS

Community Characteristics:

- Comfortable meeting facilities with loud speaker system if group is large

Target Audiences:

- Literate at approximately high school level

Time Intensity:

- Minimal planning experience necessary
- Program kit includes all necessary materials, although researching current statistics would take additional time
- Volunteers could be helpful with publicity and room preparation

Content Specialist/Skills:

- Specialist is required who is knowledgeable in heart disease, risk factors

Rurality:

- Incorporate more information regarding care for heart attack victim who is far from a medical facility
- Emphasize urgency of steps to get immediate care

Minority:

- Try to use minority resource person
- Incorporate specific statistics regarding minority group's particular risk, e.g. cultural demographics of Blacks are already mentioned because of increased incidence of high blood pressure, stroke, and heart attack

Content:

- Some statements and information outdated, e.g. referring to coronary artery bypass surgery as a new technique, no mention of angioplasty, and no mention of the necessity for immediate recognition and treatment of heart attack because of the use of new drugs to reduce severity of the attack
- Some evidence of patronizing statements, e.g. "Like our friend here . . ."

Other:

- Program is very doctor-reliant; suggest introducing some self-help ideas
- Serves as an introduction to cardiovascular health, but is passive and simplistic

Materials May Be Obtained From:

AARP/AV Programs
Program Resources Department
P.O. Box 19269, Station R
Washington, DC 20036
(202) 872-4700

Program Descriptors: AARP, cardiovascular system, consumerism, hypertension, nutrition, risk factors, smoking

WEALTH OF HEALTH

[1983(p), c]

Developer:

- Mary Jean Etten
- Dianne Hall
- Catherine Traynor
- Suncoast Gerontology Center
- University of South Florida Medical Center

Program Category:

- Physical health

Abstract:

Wealth of Health is an exercise program for active older adults which has been developed to facilitate the promotion of health and the prevention of disease in the latter years.

The program manual covers such issues as aging and age-related physical changes; effects of exercise; exercise curriculum focusing on flexibility, strength, and cardiovascular efficiency; a program format guide which discusses lesson plans, music, and exercise concepts; planning and implementing the exercise series; and evaluation of the program.

The format suggested for the exercise series is a 10-12 week program with sessions about one hour in length held three times weekly. Participants are selected through analysis of screening forms and physician's approval which they are required to submit, plus the screening data.

Included in the manual are samples of the following: Wealth of Health program announcement, program flier, application letter for participants, participant's health survey, physician's letter, physician's release, participant's waiver of release, screening interview guide, physiological and anatomical parameters, fitness questionnaire, daily well-being assessment, conversion chart, exercise target heart rate, data card, Borg's rating of perceived exertion, participant program evaluation, certificate of completion, closing letter to participants, and exit questionnaire.

Curriculum Content:

- Exercise
- Physical changes with aging

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Some expertise in the principles of exercise and group work
- Knowledge of the aging process
- Communication and leadership skills
- Degree in exercise physiology or physical education with some course work in aging

Suggested Resources/Professionals:

- Large, well-lighted room with controlled temperature
- Easy access to bathroom
- Music playback system of good quality
- Solid, non-skid chairs

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- Community organization

Materials and Costs:

- Facilitator/trainer/leader manual $7.00
- Camera ready handouts ..... Included
- Sample participant evaluation ..... Included
- Program description ..... Included
- Administrative forms ..... Included
- Flier ..... Included
- Total pages of materials (approx) 87

Program Replication:

- Developer would be pleased to provide suggestions or clarification. Contact Dr. Mary Jean Etten, St. Petersburg Junior College-Nursing Department, Box 13489, St. Petersburg, FL 33733, (813) 341-3622

FUNDING AND EVALUATION

Original Funding:

- University of South Florida Suncoast Gerontology Center

Type of Evaluation:

- Attendance count
- Self-report of attitude and behavior change
- Pretest/post-test
- Clinical changes determined through follow up
- Participant evaluation

Evaluation Results Available From:

- Contained Within Program Materials

Selected Developer Comments:

- This exercise program was developed using a valid theoretical base from research on aging and exercise as it relates to elders. Screening and monitoring elder participants is strongly advised, as well as obtaining a doctor's okay to participate. Assistants to the leader will help insure participation by all. Leaders are encouraged to relate positively to the elders and create a pleasant, encouraging mileau.

REVIEWER COMMENTS

Community Characteristics:

- Community-based building with large, well lit, climate-controlled, accessible class space
- Regular senior meetings for pre-program publicity
- Physicians who understand and support the program, know the benefits of exercise for their patients, and are willing to sign permission slips
- Qualified exercise leaders
- Community advisory committee (including physicians, physical therapists, other health care professionals, older adult leaders, and agencies that may help sponsor the program) to give sense of ownership, credibility and help publicize
- Transportation services

Target Audiences:

- One homogeneous group or several groups matched according to abilities or disabilities
- Average to above average literacy levels and language skills (some of the exercise concepts are somewhat involved)
- Mobile enough to get to classes
- Willing to get physician's permission to attend

Time Intensity:

- Would not take extensive program planning experience
- Materials in manual are complete and explicit, including sample publicity announcements, release forms and handouts
- Some pre-screening activities might be appropriate to divide groups by fitness levels
- Program would lend itself well to hospital sponsorship, even on an outreach basis if nearest hospital is outside the community

Content Specialist/Skills:

- An enthusiastic person with training in exercise physiology, CPR certification, experience teaching exercise classes, and an understanding of the aging process would be essential
- If the evaluation component is to be implemented, knowledge and skill in taking blood pressures and flexibility and strength testing would be necessary

Rurality:

- Transportation services are likely to be necessary
- In farming communities, schedule around harvest and planting seasons
- Send a potential program leader to a nearby university or hospital wellness program for training
- Pre and posttesting might not be absolutely essential if these skills are not available

Minority:

- If exercise specialist is unavailable, send a potential leader from the community to a nearby university or hospital wellness program for training
- Incorporate specific ethnic music selections into classes

Content:

- Materials and content generally reflect current knowledge about safe, multidimensional fitness programs for older adults, including strength, flexibility and cardiovascular endurance
- A thorough and useful explanation of terms used in exercise physiology/science is given
- Materials can be adapted for various ethnic groups

Materials May Be Obtained From:

Nance Schapira
Suncoast Gerontology Center
University of South Florida Medical Center
Box 50, 12901 N. 30th Street
Tampa, FL 33612
(813) 974-4355

Program Descriptors: aging process, cardiovascular system, exercise, walking

FOOD, MEDICINE, AND YOU

[1987(p)]

Developer:

- William D. Evers
- Purdue University
  Cooperative Extension Service

Program Category:

- Medication

Abstract:

Food, Medicine, and You is a consumer education program which focuses on both prescription and nonprescription medicines and how food and drink change within the body, working with and/or against these medications.

The program describes food-drug interactions (effects that chemicals in food might have on the action of a drug) and drug-nutrient interactions (occurring when a drug does something to a nutrient in the body).

Possible problems from the excessive use of medicines and/or vitamin-mineral supplements and a set of guidelines are given to help participants avoid problems from food-drug interactions. A final section of the program deals specifically with the elderly.
The program contains a publication (participant handbook) and slide set.

The program may be presented in one or two sessions with the option of separating the slide set into two parts. Part I can be used by itself. Part II should be used only in conjunction with and following Part I.

The Leader's Guide provides information on planning and implementing the program, an evaluation guide, a sample news release, participant evaluations and quiz, answer key, and slide presentation script.

The participant handbook discusses groups of medicines, what the body does with foods and medicines, food-drug interactions, drug-nutrient interactions, changing eating habits, self-medication and nutrition problems, self-protection, extra concerns of the elderly, misuse

of medication, body changes affecting drug actions, problems from self-medication, abuse of nutrient supplements, and asking questions/following directions. The handbook also provides several tables for easy access of information.

Curriculum Content:

- Medication interactions
- Disease risk factors
- Physical changes with aging

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Group leadership skills
- Knowledge of materials

Suggested Resources/Professionals:

- Pharmacist, doctor, dietician, or nurse
- Slide projector and cassette player

Collaborative Organizations:

- Cooperative Ext/4-H
- Senior center
- Older adult organization
- Hospital
- Community organization

Materials and Costs:

- Participant handbook/manual ..... $.50
- Facilitator/trainer/leader manual ..... Unlisted
- Slides with audiotape (20 min) ..... Unlisted
- Script ..... Unlisted
- Sample news release(s) ..... Unlisted
- Sample participant evaluation ..... Unlisted
- Program description ..... Unlisted
- Quantity reductions available
- Total pages of materials (approx) 33

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:

- North Central Regional Cooperative Extension

Type of Evaluation:

- Pretest/post-test
- Follow-up contact

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- This program is not intended to be a comprehensive review of all drug-nutrient interactions. Its purpose is to teach people how to be responsible for their own choices in medicine and food.

REVIEWER COMMENTS

Community Characteristics:

- Meeting rooms conducive to group interaction and accessible to elderly
- If program is broken down into two or more parts, regular senior meetings would be ideal
- Availability of volunteer professionals, especially a pharmacist

Target Audiences:

- Very literate with high level of comprehension and good attention span

Time Intensity:

- Requires time for studying material, recruiting presenter/resource persons, publicizing and scheduling
- Revisions of materials (e.g. handbook, handouts) for less sophisticated audience would take additional time
- Testing and evaluation would be time intensive
- A volunteer could be helpful for running slide projector during presentation

Content Specialist/Skills:

- Professionals are required for the program to bring authority and background knowledge to this complex topic
- Strongly recommend that a pharmacist be the presenter or act as a resource person

Rurality:

- Program content is applicable to rural settings
- Handbook should be simplified with regard to vocabulary, unnecessary detail, print size and amount per page, understandable diagrams and charts; should more closely parallel script

Minority:

- Food habits of appropriate minority could be incorporated as examples
- Program should be translated into first language of the community

Content:

- Information is current, but materials are technical for most of the population, especially the elderly

Other:

- Participant handbook requires high reading level and excellent eyesight
- Script is much more concise and to the point and could be used without handbook for less literate audiences

Materials May Be Obtained From:

William D. Evers
Purdue University - Cooperative Extension Service
G-1, Stone Hall
West Lafayette, IN 47907
(317) 232-3206

Program Descriptors: consumerism, cooperative extension, medication, nutrition, pharmacist

SENIOR PREVENTION: A COMMUNITY BASED MODEL

[1986(p), c]

Developer:

- Lyn E. Wilson
- Regional Substance Abuse Center, Ames, Iowa

Program Category:

- Medication

Abstract:

Senior Prevention: A Community Based Model is a program developed to provide senior citizens with adequate and current information on alcohol and other drugs.

To provide a comprehensive prevention/education program, needs assessments were conducted during the program's development, including contacts with senior citizens as well as professionals in the areas of health, aging education, human services, and media services. Based on the information gathered, the program is divided into three segments suggested for presentation at monthly intervals. Each segment provides different information and is independent of the previous segment for understanding of the material presented.

Session I, "Wise Medication Use and You," presents such topics as aging and drugs, side effects, misuse of drugs, types of misuse, and medication organizer ideas.

Session II, "Communicating With Health Professionals/Drug Interactions," discusses the current age of medical advances, drug interactions, responsibilities of seniors in communicating with health professionals, etc.

Session III, "Vitamins and Sedatives," deals with dangers of vitamin overuse, statistics concerning alcoholism/sedativism and seniors, and physical effects of alcohol/sedative use.

The suggested format for each session is outlined in the program manual. Also included in the manual are suggestions for conducting needs assessments, program promotion tips, program development information, handout materials, visual aids, community needs assessment questionnaire, brochure information, Systems for Keeping Track of Medications chart, sample participant evaluation, and bibliography.

Curriculum Content:

- Medication interactions
- Drugs (medications) and alcohol
- Physical changes with aging
- Communication with health professionals

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Background in the health professions (particularly nursing, pharmacology, or substance abuse)
- Understanding of aging issues

Suggested Resources/Professionals:

- Guest speakers (physician, pharmacist, dietician, physical therapist, etc.)
- Films as suggested in program manual

Collaborative Organizations:

- Older adult organization
- Community organization

Materials and Costs:

- Facilitator/trainer/leader manual $20.00
- Camera ready handouts ..... Included
- Camera ready overheads ..... Included
- Program description ..... Included
- Total pages of materials (approx) 75

Program Replication:

- Program can be duplicated from manual without developer contact

FUNDING AND EVALUATION

Original Funding:

- Iowa Department of Public Health, Division of Substance Abuse

Type of Evaluation:

- Participant evaluation

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- This program is currently being used in 43 states and Canada. The program only requires space to present; it can be used for seniors in groups in any setting.

REVIEWER COMMENTS

Community Characteristics:

- Qualified professionals available
- Large numbers of seniors or existing senior meetings and population sites
- Accessible meeting rooms
- Transportation services
- Support and cooperation of the medical community

Target Audiences:

- Elderly living independently or in retirement communities
- Literate at 8th grade plus reading level
- Able to communicate by asking questions
- Motivated to assess own medications and alcohol use

Time Intensity:

- Planning would be fairly time intensive in the ordering and coordination of resource materials and people
- Materials included are excellent
- Experience would be beneficial, especially to elicit cooperation of key medical professionals

Content Specialist/Skills:

- Specialists would be required, ideally a nurse or pharmacist with knowledge of gerontology
- Presenter needs to be credible to the audience

Rurality:

- Use state and/or county extension services for resources relating to drug and food interactions
- Joint sponsorships, e.g. hospital, aging association, would be a possible adaptation
- Film costs ($100 and $250) may require alternative choices to those suggested

Minority:

- Conduct needs assessment to identify any different concerns or problems
- Translate as necessary

Content:

- Majority of content is current
- Chapter 8, Session II contains examples of drugs not now prescribed often for seniors, i.e. tetracycline and indocin
- The "Drugs that Don't Mix" handout for Session II would need updating, since newer drugs are not listed

- Overall, program content provides good principles about medications and is well presented
- The author was very thorough and practical in writing the program

Materials May Be Obtained From:

Lyn E. Wilson
Senior Awareness Services
Affiliated Counseling of Ames
113 Colorado Avenue
Ames, IA 50010
(515) 292-4403

Program Descriptors: alcohol, communication skills, consumerism, medication, needs assessment, pharmacist, substance abuse

SRx: MEDICATION EDUCATION PROGRAM FOR SENIORS

[1977(d), 1989(p), c]

Developer:

- San Francisco Department of Public Health
  Office of Senior Health Services

Program Category:

- Medication

Abstract:

SRx: Medication Education Program for Seniors is a project which provides comprehensive medication education activities for elders, family caregivers, and health care professionals.

Medication awareness training for senior service providers and mini-classes and workshops for elders and caregivers are among the SRx program components used to achieve the overall goal of helping elderly persons to a better quality of life.

Program materials include (1) Medication Fact Sheets - one-page consumer handouts (available in English, Chinese, Spanish, and Vietnamese) which discuss the prescription medicines most commonly taken by seniors; (2) Mini-Class Curriculum Guides - easy-to-use lesson plans which include a bibliography and step-by-step instructions for preparation and presentation (there are 15, 40- to 60-minute classes, in all, addressing issues of using medicines wisely; how to save money on medication costs; managing medication and organizing a system for taking medications; arthritis - care and treatment with medications; medication, alcohol, and the elderly; aspirin - treating aches and pains; relief from a cold; medications and diabetes; folk medicines and home remedies; medications for the heart; controlling high blood pressure with medication; laxatives - the over-used product; vitamins, minerals, and the elderly; consumer hints on over-the-counter drugs; and what to do about sleeplessness); (3) Compliance Aids - printed educational tools which include the Personal Medication Record, the one-page Medication Schedule and the Medication Summary; (4) Medication Education Handbooks, including "For Seniors Only: A Guide to Using Drugs in the Later Years" (in English and Spanish), "Over-the-Counter Medications and Chinese Remedies" (in English and Chinese), and "Over-the-Counter Medications, A Guide for

Older Adults" (in English and Spanish); and (5) "Medication Awareness" - a two-hour training guide for non-medical service providers which contains training objectives, content, activities, sequence information, and handouts. Also a part of the project is the Senior Theatre Education Project (STEP), a musical revue presenting relevant health and medication issues.

Curriculum Content:

- Self-care
- Medication interactions
- Drugs (medications) and alcohol
- Nutrition
- Hypertension

Setting:

- Developed for urban setting

Minority:

- Minority component/version (Asian, Hispanic)
- Materials available in English, Spanish, Chinese, and Vietnamese with a cultural slant on folk cures included

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative skills
- Knowledge of aging issues and community resources

Suggested Resources/Professionals:

- Funding sources
- Clinical pharmacist
- Community educator
- Consultants
- Various resource materials as specified in mini-class curriculum guide
- Sample products as specified

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- Community organization
- Government Agency

Materials and Costs:

- Program description ..... No Cost
- Brochure/pamphlet ..... No Cost
- Materials cost list ..... No Cost
- Mini-Class Guides (set of 15) $50.00
- Medication Fact Sheets (each) ..... $.20
- Medication Awareness training guide $10.00
- Quantity reductions available

Program Replication:

- Developer need not be contacted regarding replication

FUNDING AND EVALUATION

Original Funding:

- San Francisco Department of Public Health
- The Zellerbach Family Fund
- Van Loben Sels Charitable Foundation

Type of Evaluation:

- Self-report of attitude and behavior change
- Pretest/post-test
- Follow-up contact
- Longitudinal study providing updated information on medications being used by participants

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- In spite of the emphasis on ethnic communities and lower income seniors, the program is appropriate for all segments of the over-60 population and easily adaptable to rural settings.

REVIEWER COMMENTS

Community Characteristics:

- Comfortable meeting facility
- If Mini-Classes are planned as a series, regular senior meetings would be ideal
- Access to professional(s)

Target Audiences:

- Very broad based; no particular skills necessary
- Low to moderate literacy (less than 8th grade reading level)

Time Intensity:

- Minimally time intensive to plan and implement Mini-Classes
- Mini-Class guides are detailed and include a topic and time plan
- Handouts are listed, but need to be obtained
- News releases would need to be prepared and other publicity carried out
- Contacts in key areas, e.g. senior centers, could help with publicity and preparing meeting rooms

Content Specialist/Skills:

- Professional(s) required for the Mini-Classes and the Medication Awareness training program

Rurality:

- Mini-Class guides are well-suited to a rural community; could call upon various people to implement the programs

Minority:

- Some specific minority translations already available
- Mini-Class guides include cultural considerations in the "Audience & Planning Information" segment

Content:

- Seven of the fact sheets on medications were published in 1984 and need review for accuracy and currency, e.g. "Your Heart Medicines: Beta Blockers" (emphysema is misspelled) and "Oral Diabetic Medications" (most diabetics now test blood sugar levels with finger sticks rather than urine testing)
- "For Seniors Only: A Guide to Using Drugs in the Later Years" (1984) needs review to update recommended daily calcium intake for post-menopausal women (1500 mg), California-specific laws regarding pharmaceuticals, and issues regarding use of generic drugs
- "Medication Awareness: A Training for Senior Service Providers" (1989) contains some inaccuracies:
  1) Page 3. 3. Interactions (4 general types) Only three types are discussed
  2) Page 3. 3.b Drug-Food "...more iron is absorbed if taken on an empty stomach..." The absorption of iron in green leafy vegetables is enhanced when eaten in combination with meat and/or Vitamin C. (Source: Dr. Andrea Pagenkopf, Nutritionist, Montana State University Extension Service)
  3) Page 3. V.A.1. "Confusion is the #1 presenting difficulty (also called dementia)," Page 4. V.C. "All these drugs have been associated with dementia or confusion..." The term DEMENTIA should be replaced with the word DELIRIUM. DELIRIUM has an acute onset and can be characterized by moments of rationality alternated with confusion. DEMENTIA is a gradual deterioration of intellectual ability with no periods of alternating rationality. Though dementia could be the result of a long-term drug toxicity (e.g. alcohol), what is usually seen with behavior changes associated with an adverse drug reaction is confusion related to delirium
  4) Page 3. V.A.1. "The confusion...is not necessarily just another sign of aging." Since confusion should NEVER be thought of as a normal age change, this sentence would read better as follows: "The confusion...is not a sign of normal aging."

5) Page 4. V.A.4. "Altered senses...the client may see or hear things that aren't there." When the client hears or sees things that aren't there, the phenomenon is referred to as HALLUCINATIONS, not ALTERED SENSES. If the senses are altered, e.g., impaired vision or hearing, the sensory input may be misinterpreted and the result could be an ILLUSION

- Mini-Class #8: Diabetes and Your Medications. II.A. Type I..."Onset occurs over 30 years of age." This should read ...Onset usually occurs UNDER 30 years of age
- Mini-Class #11: Controlling High Blood Pressure with Medication. II.A. "No definition is universally accepted of how high blood pressure must be in the elderly before a person is considered hypertensive." The 1984 Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure made specific recommendations regarding hypertension which did not exclude or make exceptions for the elderly
- Mini-Class #15: What to Do When You Can't Sleep. IV.D.2. "L-Tryptophan (non-prescription sleep medicines)" Needs to be removed from the program because of L-Tryptophan's link with eosinophilia myalgia syndrome (EMS)

Other:

- This is an amazing collection of information about medications and the elderly. The OTC drug information and cultural accommodations for language and folk remedies is especially unique. Just because it needs some updating and revision for a few inaccuracies, one should not be discouraged from obtaining it for use with the elderly of our rural communities

Materials May Be Obtained From:

SRx: Medication Education Program for Seniors
San Francisco Department of Public Health
1182 Market Street, Room 204
San Francisco, CA 94102
(415) 558-3767

Program Descriptors: alcohol, arthritis, Asians, cardiovascular system, consumerism, Hispanics, home health, hypertension, medication, minority, nutrition, pharmacist, self-care, substance abuse, urban

TREATING YOURSELF WITH CARE

[1984(p), c]

Developer:

- American Association of Retired Persons (AARP)

Program Category:

- Medication

Abstract:

Treating Yourself with Care is a consumer education program developed to help older consumers understand the best way to use over-the-counter (OTC) medicines.

The program consists of a 50-minute session (time may vary according to individual group needs) which begins with a slide presentation addressing when and how to take nonprescription medications and when to avoid taking medications such as aspirin, laxatives, cold remedies, and antacids.

Comments by a pharmacist and a question and answer period follow the slide presentation. The focus during this discussion is intended to be the importance of recording both the prescription and nonprescription medications that one is taking.

To end the session, the participants complete personal health records with the pharmacist's assistance.

The program stresses the importance of reading labels on medications, seeking professional advice if symptoms persist, and using nonprescription drugs wisely.

Program materials include color slides; audio cassette; handout materials; and a leader's guide which provides information for selecting a resource person, advertising tips, program planning and implementation information, sample letters to resource persons, a sample news release, Presenter's Checklist, reminders for use of slide projector and cassette tape, program leader's script, slide presentation script, and an optional follow-up activity involving a price survey of over-the-counter medicines.

Curriculum Content:

- Medication interactions

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative/leadership skills
- Understanding of aging issues

Suggested Resources/Professionals:

- Resource person (such as a pharmacist)
- 35mm carousel slide projector with remote control
- Cassette tape player

Collaborative Organizations:

- Senior center
- Older adult organization
- Community organization

Materials and Costs:

- Facilitator/trainer/leader manual $22.50
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included
- Program description ..... Included
- Total pages of materials (approx) 46

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Association of Retired Persons
- McNeil Consumer Products Company

Type of Evaluation:

- Information not available

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- Information not available

REVIEWER COMMENTS

Community Characteristics:

- Meeting facilities; small or large group
- Availability of a pharmacist as presenter or resource person
- Volunteers, especially for optional surveying of OTC medications
- Transportation services

Target Audiences:

- High school level literacy or less (audio tape narrative or script accompanies slides)
- Communication skills and interest for discussion

Time Intensity:

- Program materials are complete and comprehensive
- Instructions are so explicit that no planning experience is required
- Obtaining program sponsorship will depend on number of organized groups in community
- Necessary publicity could be through the usual media, as well as social gatherings, local stores

Content Specialist/Skills:

- Specialist required as presenter or resource person
- Recommend pharmacist or nurse with knowledge of OTC medications
- The OTC handbook on drugs would be a good support reference for facilitator

Rurality:

- Materials are appropriate as written

Minority:

- May want to adapt some terminology for various ethnic groups
- Facilitator should be a member of the minority community

Content:

- Some program content is out of date, e.g. slides show Tylenol capsules, which are no longer available; there is no information on ibuprofen
- Health record book is product biased

Other:

- Funding for program came from McNeil Consumer Products, producers of Tylenol; possible promotional aspect is a concern

Materials May Be Obtained From:

AARP/AV Programs
Program Resources Department
P.O. Box 19269, Station R
Washington, DC 20036
(202) 872-4700

Program Descriptors: AARP, consumerism, medication, pharmacist, self-care

FALLS AND FIRES: SAFETY IN THE HOME

[1986(p), c]

Developer:

- American Association of Retired Persons (AARP)
- The National Safety Council

Program Category:

- Safety

Abstract:

The Falls and Fires: Safety in the Home program concentrates on the two accident categories that account for so many serious injuries, but which are readily avoidable with simple changes in one's environment and habits.

This program is meant to deal with such simple precautions as sitting briefly on the edge of the bed before standing up; turning floppy, flowing sleeves up and out of the way before cooking; checking electrical cords for broken plugs or insulation; making sure the family pet takes its nap away from foot traffic patterns, etc., and is also intended to motivate participants to learn more about home safety practices.

The program is presented in a single session the duration of which is adaptable to individual needs. A sample agenda is provided. The presentation includes an introduction, safety quiz, slide presentation, question and answer period between participants and resource panel, and wrap-up.

Specific issues addressed in the slide presentation include lighting on stairways, using handrails, dressing safely, grab bars for the bathroom, clearing walkways, electrical cord hazards, making scatter rugs safe, knowing how to fall, precautions for those who live alone, smoking precautions, smoke detectors, grease and stove-top fires, heating system safety, space heaters and fireplaces, electrical appliance usage, and general fire-safety rules. These issues may be expanded upon depending on participant questions and information provided by resource panel members.

The program materials include slides and audio cassette, implementation guide, resource panel selection guide, sample letters to resource panelists, sample news release, reminders for use of slide projector and tape cassette player, presenter's checklist, script for introducing the program, home safety quiz, slide presentation script, script for introducing the resource panel, sample questions for the resource panel, Falls Safety handout, and Fire Safety handout.

Curriculum Content:

- Fire prevention
- Home safety

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Knowledge of aging issues
- Administrative skills
- Knowledge of community resources

Suggested Resources/Professionals:

- Three-member resource panel familiar with the special problems and propensities of older people and exemplified from among the following: doctors, public health nurses, physiotherapists, health educators, volunteer representatives (such as Red Cross, local Safety Council staff), individuals from civic groups, technical people such as sanitarians/safety engineers/fire department personnel/architects - represented in the panel should be health, community programming or welfare, and technical expertise.
- 35mm slide projector with remote control and carousel
- Screen
- Audio cassette tape player

Collaborative Organizations:

- Older adult organization
- Community organization
- Senior center

Materials and Costs:

- Facilitator/trainer/leader manual $26.50
- Camera ready handouts . . . . . Included
- Slides with audiotape (15 min) . . . . . Included
- Script . . . . . Included
- Sample news release(s) . . . . . Included
- Program description . . . . . Included
- Administrative forms . . . . . Included
- VHS video tape program kit $20.00
- Quantity reductions available
- Total pages of materials (approx) 36

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Association of Retired Persons

Type of Evaluation:

- Attendance count
- Surveys

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- The program is available in slide/tape or videotape format. The program kit can be borrowed at no cost and can be used by any organization.

REVIEWER COMMENTS

Community Characteristics:

- Large or small groups
- Easily adaptable for any type of group

Target Audiences:

- Handouts require approximately 8th grade reading level unless language is simplified

Time Intensity:

- Easily implemented program, with necessary slides, tape, handouts, letters
- Some demonstration materials must be gathered
- Minimum planning experience required

Content Specialist/Skills:

- Three member professional panel necessary to answer questions

Rurality:

- Include references to woodburning heating and cooking stoves, fireplaces, kerosene lamps
- Simplify terms for low literacy level
- Use practical demonstrations, e.g. a room set up with hazards
- Develop two checklists: one for rural and another for rural/rural

Minority:

- Translate handouts to appropriate minority language
- Be sure slides are sensitive to target minority

Content:

- Materials contain current medical facts and statistics
- Does not address cultural differences

Materials May Be Obtained From:

American Association of Retired Persons
1909 K Street, N.W.
Washington, DC 20049
(202) 872-4700

Program Descriptors: AARP, discussion group, falls, fire, injury prevention, risk factors, safety, smoking

FIRECARE

[1985(p)]

Developer:

- Public Fire Safety Education Division of the Fire Service Academy, Nassau County, NY
- Pennsylvania Office of Fire Safety Services, Harrisburg, PA

Program Category:

- Safety

Abstract:

Firecare is a fire prevention education program designed for use with and by senior citizens. It has been developed with the following aging issues in mind: (1) the natural biological and emotional changes that accompany the aging process and (2) the varying degree of diminished physical abilities of the elderly.

The program has been organized into three units, each addressing high priority areas of fire safety. The units can be presented alone or scheduled as a series.

Unit I deals with (1) survival skills including "stop, drop, and roll" and crawling below smoke techniques; (2) burns - how to prevent or classify and treat them; (3) community resources such as in-home care, meal services, transportation, telephone reassurance, and volunteer Friendly Visitors; and (4) exit drills in the home.

Unit II covers (1) smoke detectors - types and maintenance; (2) exit drills in the home (an expanded version); (3) kitchen fire safety; and (4) cigarette fire safety.

Unit III addresses (1) alternative heat sources including woodburning stoves, electric heaters, and kerosene heaters; (2) mobile home issues such as vulnerability of materials to fire; (3) recreation and vacation safety as pertains to tents, portable heaters and gasoline lanterns, campfires, LP-Gas cylinders, barbecues, recreational vehicle fire safety, hotel and motel safety in establishing exit routes, etc.; and (4) exit drills in the home (as presented in Unit II).

Each unit workshop should run no longer than one and one half hours, allowing time for activity periods.

The Firecare program includes detailed suggestions to effectively promote the program locally, a guide for conducting workshops for senior citizens, a recommended workshop schedule, background information, and a list of workshop activities for each unit.

Curriculum Content:

- Fire prevention
- Home safety

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Enthusiasm
- Positive attitude
- Public speaking skills
- Flexibility
- Understanding of aging issues
- Patience
- Professionalism

Suggested Resources/Professionals:

- Sponsoring agency (older adult organization)
- Facts and anecdotes provided by local fire fighters

Collaborative Organizations:

- Older adult organization
- Senior center
- Local fire department

Materials and Costs:

- Facilitator/trainer/leader manual ..... No Cost
- VHS video tape (90 min) ..... No Cost
- Script ..... Included
- Program description ..... Included
- Public service announcement scripts ..... Included
- Posters ..... Included
- Total pages of materials (approx) 35

Program Replication:

- Strongly suggest participation of local fire department in implementing this program

FUNDING AND EVALUATION

Original Funding:

- Fire Safety Education Program of The Tobacco Institute, Washington, DC

Type of Evaluation:

- Not evaluated

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- The Tobacco Institute's Fire Safety Education Program is most amenable to providing Firecare to fire departments that have requested the program in writing. Please put all requests in writing. Materials are not distributed in quantity; one video and instructor's manual per request.

REVIEWER COMMENTS

Community Characteristics:

- Any size community
- Active, cooperative local fire department
- Co-sponsoring organizations with elderly participants or caregivers of elders
- Easily accessible, comfortable meeting facilities
- Transportation services or ability to televise over local channels

Target Audiences:

- Elders living in their own homes; institutionalized elders could also benefit
- Ambulatory or wheelchair dependent
- Those who care for elders who live in their own homes
- Written messages are reinforced verbally, so literacy is not essential

Time Intensity:

- Dependent on size of audience targeted; minimal for one-time presentation in small community
- Publicity is necessary and would be facilitated by an individual with moderate program planning experience and knowledge of community dynamics
- Manual gives excellent ideas for instructors regarding implementation

Content Specialist/Skills:

- Ideally, a firefighter should teach the program: would lend credibility and authority, as well as providing information about local resources and regulations
- Health care professional from a burn center would make message even more persuasive
- Group speaking and discussion skills

Rurality:

- Include information about local rural fire services and farm fire safety
- May have to adapt program length and format

Minority:

- Translate video to appropriate language
- Use appropriate minority actors and presenters

Content:

- Medical information is accurate, though updated statistics could be included in presentation
- Excellent subject for seniors and easy to understand
- Videotape is an effective medium for elderly

Other:

- One program weakness is the 90 minute length of each workshop unit and the difficulty of scheduling three separate units, although each may stand alone
- Program needs some method of evaluation at the end
- For this type of program to be successful, follow-up activities should be developed as reminders and to enable participants to carry out recommendations. Activities might include telephone follow-up, assistance with exit drills, installing smoke detectors, or safety inspections of the home

Materials May Be Obtained From:

The Tobacco Institute
1875 I Street, N.W., Suite 800
Washington, DC 20006
(202) 457-4800

Program Descriptors: fire, injury prevention, safety, smoking

SAFE RIDES FOR LONG LIVES

[1984(p), c]

Developer:

- American Association of Retired Persons (AARP)

Program Category:

- Safety

Abstract:

Safe Rides for Long Lives is a campaign to increase use of seat belts among older drivers and riders. The program is presented in a single session lasting from 20 to 60 minutes and includes opening remarks, an 11-minute slide presentation, completion of participant Safety Belt Pledge Cards, a discussion/question and answer segment preferably led by resource person(s), and concluding remarks.

The program provides information about the effectiveness of safety belts and is designed to expose myths and rationalizations for not using seat belts. Instruction for proper use of seat belts is also provided.

Program materials include a Leader's Guide, copy of the "Automobile Safety Belt Fact Book," participant brochure and handouts, and slides with cassette tape.

The Leader's Guide includes information on planning and conducting the program (program checklist, how to select a resource person, sample letter of confirmation to local safety expert, sample news release and program announcement, etc.); safety belt quiz handout; fact sheet; safety belt pledge cards; slide show script; suggestions for community activities; and a listing of National Highway Traffic Safety Administration (NHTSA) Regional Offices.

Curriculum Content:

- Auto safety
- Seat belt use

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative/leadership skills
- Knowledge of local resources

Suggested Resources/Professionals:

- 35mm carousel slide projector with remote control
- Cassette tape player
- Resource person(s) (from local law enforcement agency, driver education program, hospital emergency facility - also orthopedists, dentists)

Collaborative Organizations:

- Senior center
- Older adult organization
- College
- University
- Religious facility
- Community organization
- Government agency
- College/University adult education classes

Materials and Costs:

- Facilitator/trainer/leader manual $21.50
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included
- Sample news release(s) ..... Included
- Program description ..... Included
- Brochure/pamphlet ..... Included
- Total pages of materials (approx) 29

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Association of Retired Persons
- National Highway Traffic Safety Administration of the U.S. Department of Transportation

Type of Evaluation:

- Attendance count

Evaluation Results Available From:

- See "Materials May be Obtained From"

Selected Developer Comments:

- The program is available in slide/tape or videotape format.

REVIEWER COMMENTS

Community Characteristics:

- Regular senior groups which stress educational component
- Communities with large numbers of volunteer drivers
- Accessible, comfortable meeting facilities
- If whole community is targeted, co-sponsorship among organizations with high numbers of elderly
- Multiple meetings, volunteers, or cooperation from local organizations or businesses if follow-up activities are planned

Target Audiences:

- Independent, physically active, still driving/traveling
- Sufficient communication skills to participate in discussion
- Any literacy level since written material is supported by narration

Time Intensity:

- All materials for planning and conducting program are provided
- Publicity and coordination of sponsorship will depend on size of target audience
- Follow-up activities to reinforce program message would increase time and effort required, but should be planned
- Any volunteers used to coordinate or deliver program would need to be recruited
- Minimum planning experience required for small audience

Content Specialist/Skills:

- Public speaking and discussion skills
- Non-specialist could coordinate and facilitate
- "Authority" figure is most desirable as guest speaker, e.g. law enforcement professional

Rurality:

- Include statistics which reflect rural living/driving vs. urban living/driving
- Use guest speaker from highway patrol

Minority:

- Different set of slides appropriate to target minority
- Minority facilitator and guest speaker

Content:

- Materials are appropriate for seniors
- Statistics may need to be updated

Materials May Be Obtained From:

American Association of Retired Persons
1909 K Street, N.W.
Washington, DC 20049
(202) 872-4700

Program Descriptors: AARP, consumerism, injury prevention, safety

HEALTH QUACKERY: FACT OR FRAUD?

[1985(p), c]

Developer:

- American Association of Retired Persons (AARP)

Program Category:

- Consumerism

Abstract:

Health Quackery: Fact or Fraud? is a consumer education program which focuses on four potential areas of health fraud: food, drugs, devices, and clinics. The program is designed particularly for older persons because the effects of age, illness, loneliness, fear, and desperation make them easy prey for fast-buck artists. Program objectives are to teach participants how to recognize fraudulent health practices and provide information on what to do about health fraud — how to deal with "quacks" and how to involve individuals and organizations with the resources to press the battle against health fraud.

Presentation of the program fits easily within a single, one-hour meeting format which includes an introduction, a participant ("Health Quackery") quiz, a slide presentation, introduction of resource person(s), group discussion/question and answer period, and a short wrap-up.

The facilitator manual provides information on planning and implementing the program, a guide to selecting a resource person, sample confirmation and thank you letters to resource persons, a sample news release, reminders for use of slide projector and cassette tape player, an implementation checklist, the participant quiz, slide presentation script and suggested script for introducing resource panel and discussion period, sample questions for resource persons, Federal Trade Commission Offices Directory, Directory of Food and Drug Administration Office, and Postal Inspectors Directory.

The participant brochure, "Quackery...The Billion Dollar Miracle Business," presents such issues as separating facts from fantasy, the high price of health fraud, today's targets for health fraud, quack advertising and the need for healthy skepticism, testimonials that sound too fantastic to be true, self-protection, and investing time before investing money.

Curriculum Content:

- Health quackery (the promotion of medical products or procedures known to be false or unproven)

Setting:

- Developed for any setting

Minority:

- Non-specific to any minority

IMPLEMENTATION

Suggested Skills/Credentials:

- Administrative/leadership skills

Suggested Resources/Professionals:

- Resource person(s) (representative from local Better Business Bureau, Attorney General or District Attorney's Office, local AMA chapter, etc.; mail fraud specialist from Postal Service; nutrition and medical specialists from colleges/universities; nutritionist)
- 35mm carousel slide projector with remote control
- Cassette tape player

Collaborative Organizations:

- Senior center
- Older adult organization
- Hospital
- College
- University
- Community organization
- Government agency
- American Medical Association or County Medical Society

Materials and Costs:

- Facilitator/trainer/leader manual $24.50
- Camera ready handouts ..... Included
- Slides with audiotape ..... Included
- Script ..... Included
- Sample news release(s) ..... Included
- Program description ..... Included
- Brochure/pamphlet ..... Included
- VHS videotape program kit $20.00
- Total pages of materials (approx) 33

Program Replication:

- Developer should be contacted regarding replication (See "Materials May be Obtained From")

FUNDING AND EVALUATION

Original Funding:

- American Association of Retired Persons

Type of Evaluation:

- Information not available

Evaluation Results Available From:

- Information not available

Selected Developer Comments:

- Information not available

REVIEWER COMMENTS

Community Characteristics:

- Regular senior meetings
- Accessible meeting facilities able to accommodate high turnout for a popular topic

Target Audiences:

- Of interest to general public as well as older individuals
- Literacy level of approximately 8th grade

Time Intensity:

- Well-planned format; minimally time intensive
- Advance publicity necessary and could draw a large audience
- Time consuming part may be locating a qualified resource person

Content Specialist/Skills:

- Consumer protection specialist helpful or someone from police department, U.S. Post Office, or FDA office
- Health care professional might be an additional resource for specific health questions

Rurality:

- Use examples of types of health care fraud that are more common in rural areas
- May have to look hard for a knowledgeable resource person or use a panel of people to answer all questions

Minority:

- Translate program for the community
- Use minority facilitator
- Be sensitive to cultural differences in acceptable health care practices

Content:

- Good picture of health care fraud and how to prevent it
- Slides are humorous, but very effective in getting the point across
- Context of the script is easily understood
- Material on Congressman Claude Pepper needs to be reworded/updated

Materials May Be Obtained From:

AARP/AV Programs
Program Resources Department
P.O. Box 19269, Station R
Washington, DC 20036
(202) 872-4700

Program Descriptors: AARP, consumerism

PROGRAM REVIEWERS

The following professionals are listed alphabetically under the directory for which they reviewed programs.

Directory of Health Education Programs for Elders

Patricia Andrews
Assistant Director
Iowa Geriatric Education Center
East 418 General Hospital
University of Iowa
Iowa City, IA 52242

Sara Barger
Associate Professor
College of Nursing
Clemson University
Clemson, SC 29634-1702

Mary Barringer
Director of Clinical Services
Center for Alzheimer's Disease
and Related Disorders
Southern Illinois School of Medicine
P.O. Box 19230
Springfield, IL 62794-9230

Kathleen Bock
National Project Director
Shepherd's Centers of America
6700 Troost, Suite 616
Kansas City, MO 64131

Shirley Cudney
Associate Professor
College of Nursing
Montana State University
Bozeman, MT 59717

Mary Louise Edwards
Director of Senior Health Services
Columbia Regional Hospital
404 Keene Street
Columbia, Missouri 65201

Sharon Farley
Project Director
School of Nursing
Auburn University at Montgomery
Montgomery, AL 36193-0401

Mary Hieb-Ekstrom
Director of Gerontology
St. Luke's Hospital
915 E. First Street
DeLuth, MN 55805

David L. Geist
Executive Director
Southwest Kansas Area Agency on Aging
108 N. 14th
Dodge City, KS 67801

Jean King
Kellogg Parish Nurse Project
Northwest Aging Association
2 Grand Ave., Box 3010
Spencer, IA 51301-0310

Susan Mitchell
Instructional Design Specialist
University of Iowa Medical School
OCRME
2351 Steindler Building
Iowa City, IA 52242

Sally Radmacher
Assistant Professor
Psychology Department
Western Missouri State College
St. Joseph, Missouri 64507

Idavonne Rosa
Director, In-Home Services
East Arkansas Area Agency on Aging
311 S. Main Street
Jonesboro, Arkansas 72403

David Rush
Professor of Medicine and Clinical Pharmacy
Department of Family Practice
Truman Medical Center East
7900 Lee's Summit Road
Kansas City, MO 64139

Dave Sainio
Director
Itasca County Aging Services
400 River Road
Grand Rapids, MN 55744

Barbara Sand
Assistant Professor
University of Nebraska Medical Center
College of Nursing - Lincoln Division
215 Benton Hall
Lincoln, NE 68588-0620

Martha Steger
Education Services Manager
Northwest Area Agency on Aging
Box 368 - 202 W. Main
Maysville, MO 64469

Frances Stewart
Assistant Director
Division of Long Term Care and Rehabilitation
Director, Home Health Branch
Alabama Department of Public Health
434 Monroe Street
Montgomery, AL 36130

Jan Striepe
Project Manager
Kellogg Parish Nurse Project
Northwest Aging Association
2 Grand Avenue, Box 3010
Spencer, IA 51301-0310

Jean Wesley
Director, Geriatric Education and Consulting
217 E. 1st Street, Suite #1
Hutchinson, KS 67502

Directory of Education Programs for Caregivers of Elders

Debbie Bass
Consultant
7092 Kings Arm Drive
Manassas, VA 22111

Kathleen Bock
National Project Director
Shepherd's Centers of America
6700 Troost, Suite 616
Kansas City, MO 64131

Anita Bowen
Program Consultant
2926 Kershaw
Columbia, SC 29203

Jim Coomes
Family Consultant
Brain Impaired Adult Resource Center
P.O. Box 3019
Clear Lake, CA 95422

Leah Eskenazi
Director, Caregiver Respite Services
Good Samaritan Hospital and Medical Center
1040 N.W. 22nd Avenue -N-300
Portland, OR 97210

Vicki Farrell
Program Director
Mountain Regional Resource Center
Area Agency on Aging
Second and Normal Streets
Chico, CA 95929

Lisa Gwyther
Family Support Program
Box 3600
Duke Medical Center
Durham, NC 27710

Angela Heath
(AARP) Program Specialist
1331 Vermont Avenue, N.W. #3C
Washington, DC 20005

Glenice Johnson
Assistant Professor
Coordinator, Gerontology Program
University of Minnesota - Crookston
Crookston, MN 65716

Michele Johnston
Administrator
San Juan Living Center
1043 Ridge
Montrose, Colorado 81401

Kathy Kelly
Manager
Service and Education Programs
Family Survival Project
425 Bush Street, Suite 500
San Francisco, CA 94108

Karen Kent
Director
Older Adult Program
Eastside Mental Health Center
2840 Northup Way
Bellevue, WA 98004

Elizabeth McKinney
Coordinator, Self Help Services
Good Samaritan Hospital and Medical Center
1040 N.W. 22nd Avenue -N-300
Portland, OR 97210

Zelda Menuskin
Coordinator, Senior Companion and Respite Program
Catholic Community Services-Northern
1311 11th Street
Greeley, CO 80631

Gretchen Miller
Gerontology Specialist
Sioux Valley Memorial Hospital
300 Sioux Valley Drive
Cherokee, Iowa 51012

Lynn Osterkamp
Parent Care
Human Development Center
University of Kansas
4089 Dole
Lawrence, KS 66045

Eric Pfeiffer
Director, Suncoast Gerontology Center
University of South Florida Health Science Center
12901 Bruce B. Downs Boulevard
MDC - Box 50
Tampa, FL 33612-4799

Connie Reinhart
Newbury County Council on Aging
1304 Hunt Street
Newbury, SC 29108

Karen A. Roberto
Associate Professor
Coordinator, Gerontology Program
University of Northern Colorado
Greeley, CO 80639

Jane Royse
Trainer/Consultant
Community Care Resources
Wilder Foundation
919 Lafond Avenue
St. Paul, MN 55104

Barbara Sand
Assistant Professor
University of Nebraska Medical Center
College of Nursing - Lincoln Division
215 Benton Hall
Lincoln, NE 68588-0620

Teri Schafer-Nelson
Program Coordinator
Elderly Outreach
830 Newton Road
Iowa City, IA 52246

Virginia Schiaffino
Executive Director
National Federation of Interfaith
Volunteer Caregivers, Inc.
105 Mary's Avenue
P.O. Box 1939
Kingston, NY 12401

Vicki Schmall
Extension Gerontology Specialist
Oregon State University
161 Milam Hall
Corvallis, OR 97331-5106

Pat Taylor
Executive Director
North Shore Senior Center
620 Lincoln Ave
Winnetka, IL 60093

Jean Toon
Assistant Director
Midland Area Agency on Aging
305 N. Hastings
P.O. Box 905
Hastings, NE 68902-0905

Shirley Travis
Associate Professor
Department of Family & Child Development
Adult Development and Aging Extension Specialist
Virginia Tech
Blacksburg, VA 24061-0416

Sheila Vedder
Informal Caregiver Consultant
303 West Central Entrance
Duluth, MN 55811

Jo Ellen Wicht
Director of Social Services
Foxwood Springs
1500 W. Foxwood Drive
P.O. Box 1400
Raymore, Mo 64083

Linda Wright
Nurse Clinician
Center on Aging
University of Kansas Medical Center
39th and Rainbow Blvd., Room 5026B
Kansas City, KS 66103

Directory of Intergenerational Programming

Kathy Bell
Intergenerational Program Specialist
Tressler Lutheran Services
960 Century Drive, P.O. Box 2001
Mechanicsburg, PA 17055-0707

Helene Block
Coordinator
Center for Family Education
Oakton Community College
1600 East Golf Road
Des Plaines, IL 60016

Trudy Cross
Consultant on Aging for
Charles Stewart Mott Foundation
P.O. Box 446
Genessee, MI 48437

Lynn Dillard
Director
Education Assessment, Inc.
P.O. Box 493
Cashiers, NC 28717

Austin Heyman
Executive Director
Interages
Montgomery County Intergenerational
Resource Center
9411 Connecticut Avenue
Kensington, MD 20895

Alice Janet Jones
Executive Director
Foster Grandparent Program
1923 Main Street, P.O. Box 127
Higginsville, MO 64037-0127

Valerie S. Kuehne
School of Child and Youth Care
Faculty of Human and Social Development
University of Victoria
P.O. Box 1700
Victoria, British Columbia
Canada V8W2Y2

Sally Newman
Executive Director
Generations Together
University of Pittsburgh
811 William Pitt Union
Pittsburgh, PA 15260

Fran Pratt
Executive Director
Center for Understanding Aging
Framingham State College
Framingham, MA 01701

Mary Stamstad
Executive Director
RSVP of Dane County, Inc.
517 N. Segoe Road, Suite 210
Madison, WI 53705-3108

E. Wayne White
Program Specialist II
North Carolina Department of
Human Resources
Division of Aging
693 Palmer Drive
Raleigh, NC 27603

INDEX A: PROGRAM DESCRIPTOR INDEX

Note: These terms refer to content and other information that may be found within a program. The program can be located by its specific identifier. See Table of Contents for full name of program.*

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Grief C7, C8, MH2, MH4, MH5
Health Fair C1
Health Screening C4
Hearing C1, C2, C6, C7, C8, PH3, PH4
Hispanics C8, N3, M3
Home MH6
Home Health C6, C8, M3
Homesharing C5, C7, MH2
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Hypertension C2, C3, C7, C8, C9, N1, N2, PH5, PH7, M3
Incontinence C5
Injury Prevention C1, C5, C6, C7, C8, C9, S1, S2, S3
Legal C7
Library C1
Living Arrangements C5, C7, MH2
Long-term Care C7
Medication C1, C2, C3, C6, C7, C8, C9, MH2, PH6, M1, M2, M3, M4
Memory C7, MH2, MH3
Mental Health C7, C9, MH1, MH2, MH3, MH4, MH5, MH6, MH7
Minority C3, C8, N1, N3, PH5, M3
Native Americans N3
NCOA PH1
Needs Assessment C1, C3, C4, C6, M2
Nursing Home C5, MH5
Nursing Skills C5
Nutrition C1, C2, C3, C4, C5, C6, C7, C8, C9, N1, N2, N3, N4, PH5, PH6, PH7, M1, M3
Oral History MH5

* Program Identifier Codes: **C** - Comprehensive **MH** - Mental Health **N** - Nutrition **PH** - Physical Health **M** - Medication **S** - Safety **HC** - Health Consumerism

Osteoporosis C2
Outreach MH1
Peer Support C1, C3, C8, MH4, MH5
Personal Care C5
Pharmacist C9, M1, M2, M3, M4
Problem Solving C3
Relaxation C1, C2, C4, C6, C7, C9, MH2, MH7
Religion C3
Reminiscence C7, MH5
Retirement MH4, MH7
Risk Factors C2, C3, C4, C5, C6, C7, N1, N2, N3, N4, PH1, PH5, PH6, PH7, S1
RSVP MH5
Rural C3, C5, C6, MH1, MH2
Safety C1, C5, C6, C7, C8, C9, N4, S1, S2, S3
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Senior Center C8, PH1
Sensory Deprivation C5, C7, PH4
Sexuality C2, C7, C8, MH2
Smoking C3, C7, PH6, PH7, S1, S2
Stress C1, C2, C3, C4, C5, C6, C7, C8, C9, MH7, PH6
Substance Abuse C3, C7, MH4, M2, M3
Telephone MH6
Training C3, C5, C7, C8, C9, MH4, MH5
Urban C8, N3, M3
Vision C1, C2, C5, C6, C7, C8, PH4
Visiting MH5
Volunteer C3, C8, MH4, MH5, MH6, PH5, PH7
Walking C1, C7, C8, PH1, PH8

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INDEX B: PROGRAM DEVELOPER INDEX

Note: These persons and organizations are listed under "Developer" within their associated programs. A program can be located by its specific identifier. See Table of Contents for full name of program.*

Developer	Program Identifier
American Association of Retired Persons (AARP)	C9, N2, PH3, PH6, PH7, M4, S1, S3, HC1
American Podiatric Medical Association	PH1
American Red Cross	C9
Area Agency on Aging for North Florida, Inc.	C3
Association of Aging Services Dietitians of New York State	N3
Barber, Kenneth E.	PH4
Barber, Melvin	C3
Boise Council on Aging	C2
Bonifer-Tiedt, Patricia	C9
Buckwalter, Kitty	MH1
Canale, Jean F.	C9
Cohen, Saul	C6
Community Mental Health Center of Linn County	MH1
Curry, Robert H.	N1
Dartmouth Institute for Better Health	C9
Deneen, E. Judith	C2
Eberhardt, Daryl L.	MH7
Emory University School of Medicine Department of Community and Preventive Medicine	N1
Etten, Mary Jean	PH8
Evers, William D.	M1
Fogler, Janet	MH3
Frate, Dennis A.	PH5
Gaarder, Lorin R.	C6
Giuffre, James V	C2, MH2
Hall, Dianne	PH8
Harris, Gregory	C3
Hatch, John	PH5
Healthwise, Inc	C2, MH2
Johnson, Sidney A.	PH5
Kane-Williams, Edna	C9
Kauffman, Carole K.	C9
Kemper, Donald W.	C2, MH2
Lawlor McDonald, Theresa	MH1
Leslie, David K.	PH2

* Program Indentifier Codes: **C** - Comprehensive **MH** - Mental Health **N** - Nutrition **PH** - Physical Health **M** - Medication **S** - Safety **HC** - Health Consumerism

Lincoln Area Agency on Aging C4
Lincoln-Lancaster County Health Department C4
Logan, Eddie W. PH5
Manley, John R. PH5
Matzek, Betty MH2
McLure, John W. PH2
Mettler, Molly MH2
Ministry of Health, Province of British Columbia
Family Health Division C1
Montana State University
College of Nursing
Center of Gerontology
Continuing Education for the Health Professional C5
Mountain States Health Corporation C6
National Council on the Aging (NCOA) PH1
National Safety Council S1
Nelson, Eugene C. C9
New York City Department for the Aging C8
Nicolet Area Technical College C7
Northcentral Technical College C7
Pennsylvania Office of Fire Safety Services, Harrisburg, PA S2
Public Fire Safety Education Division of the Fire
Service Academy, Nassau County, NY S2
Purdue University
Cooperative Extension Service M1
Quaintance, Barbara C9
Regional Substance Abuse Center, Ames, Iowa M2
Retired Senior Volunteer Program MH5
Roberts, Ellen C9
Rutgers Cooperative Extension
New Jersey Agricultural Experiment Station MH7
Salisbury, Zora Travis C9
San Francisco Department of Public Health
Office of Senior Health Services M3
Simmons, Jeannette J. C9
Smith, Marianne MH1
Specht, Harold MH4
Stern, Lynn MH3
Stewart-Dedmon, Mary MH1
Storer, John H. PH5
Strelow, Ann C. MH4
Suncoast Gerontology Center PH8
Sutherland, Mary C3
Texas A&M University
Department of Educational Psychology MH5
Texas Agricultural Extension Service MH5
Traynor, Catherine PH8

• Program Identifier Codes: **C** - Comprehensive **MH** - Mental Health **N** - Nutrition **PH** - Physical Health **M** - Medication **S** - Safety **HC** - Health Consumerism

University of Iowa
College of Nursing MH1
University of Iowa
Department of Exercise Science and Physical Education
Division of Curriculum and Instruction PH2
University of Michigan Medical Center
Turner Geriatric Services MH3
University of Minnesota
College of Continuing Education and Extension MH4
University of Mississipp
Research Institute of Pharmaceutical Sciences PH5
University of South Florida Medical Center PH8
Van Hoozer, Helen MH1
Virginia Council on Health and Medical Care N4
Washington State University
Cooperative Extension PH4
Whitehead, Tony L. PH5
Wilson, Lyn E. M2

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CENTER PUBLICATIONS

Directory of Education Programs for Caregivers of Elders
Directory of Health Education Programs for Elders
Directory of Intergenerational Programming

These directories are the result of one of the Center's primary activities, which has been to identify, catalog and review programs in caregiver education, health education, and intergenerational relations. Directories contain cost, implementation, funding, evaluation, and contact information for each program included. A special effort was made to identify programs specifically developed for rural and minority audiences. Additionally, names and addresses of program reviewers, all interested in rural elders, will help expand the directory user's network of professional resources.

Reducing Barriers to Participation in Family Caregiver Training: Respite Options for Caregiver Training

This manual addresses a major barrier to caregiver education: respite for the caregiver while s/he is attending caregiver training. The issue is particularly problematic because respite is less available in rural areas. This guide identifies ways caregiver trainers can provide respite and offers some principles that will assist in the process. It contains a list of caregiver education programs, an extensive bibliography, and a list of "self-help" materials for caregivers.

Health Promotion for the Rural Black Elderly: A Program Planning and Implementation Guide

This is a step-by-step guide for developing and implementing health promotion programs among rural black elders. The guide offers suggestions for reaching low-literacy elders and providing low-budget programs using local resources. It contains information for accessing printed resource materials and a list of toll-free technical assistance numbers.

Leadership Enhancement for the Active Retired

Training materials based on two years of demonstration and development offer rural elders the opportunity to keep active both physically and mentally while addressing local problems. This program teaches skills and techniques of leadership and how to identify community resources for problem solving. Materials include a training manual with curricular materials, implementation guidelines, and resources and supplemental handouts.

PUBLICATION ORDER FORM

Title	Price	Quantity	Cost
1. Directory of Education Programs for Caregivers of Elders	$12.00	_____	_____
2. Directory of Health Education Programs for Elders	$10.00	_____	_____
3. Directory of Intergenerational Programming	$18.00	_____	_____
4. Reducing Barriers to Participation in Family Caregiver Training: Respite Options for Caregiver Training	$ 8.00	_____	_____
5. Health Promotion for the Rural Black Elderly: A Program and Implementation Guide	$ 8.00	_____	_____
6. Leadership Enhancement for the Active Retired	$22.00	_____	_____
7. Center Newsletter Bridges	Yes___	No___	NC___

Total _____

Missouri residents or Missouri for-profit organizations, remit sales tax (6.475% of total)

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University of Missouri-Kansas City
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